



# Festival du Voyageur

ADMINISTRATIVE USE ONLY

#

## REGISTRATION FORM

2010 Great-West Life School Program

E-MAIL ADDRESS: [reservations@festivalvoyageur.mb.ca](mailto:reservations@festivalvoyageur.mb.ca) / Fax : (204) 233-7576



STRONGER COMMUNITIES TOGETHER™

DATE			
SCHOOL			
ADDRESS		SCHOOL DIVISION	
RESOURCE PERSON		TELEPHONE #	
CONTACT PERSON		TELEPHONE #	
EMAIL		FAX #	
BEST TIME TO REACH YOU		LANGUAGE PREFERENCE	<input type="checkbox"/> FRENCH <input type="checkbox"/> ENGLISH

DATE OF OUTING (in order of preference)	FRIDAY February 12 <sup>th</sup> '10 (in English)	TUESDAY February 16 <sup>th</sup> '10 (in English)	WEDNESDAY February 17 <sup>th</sup> '10 (in English)	THURSDAY February 18 <sup>st</sup> '10 (in French)	FRIDAY February 19 <sup>nd</sup> '10 (in French)
--	---	--	--	--	--

TEACHER RESPONSIBLE FOR THE GROUP		GRADE LEVEL	
NUMBER OF STUDENTS		NUMBER OF ADULTS	
ARRIVAL TIME		DEPARTURE TIME	
DO YOU REQUIRE A SPACE TO EAT LUNCH?	<input type="checkbox"/> YES, WITH CANTEEN <input type="checkbox"/> YES, WITHOUT CANTEEN <input type="checkbox"/> NO		

ACTIVITIES REQUESTED (in order of preference)	
--	--

SPECIAL NEEDS and/or COMMENTS	
-------------------------------	--

**PLEASE FILL OUT ALL FIELDS AND RETURN BY EMAIL OR FAX**  
 RESERVATIONS WILL BE PROCESSED IN THE ORDER IN WHICH THEY ARE RECEIVED.  
 YOU WILL BE CONTACTED IN ROTATION.