

**Seasons of Refreshing
Pre-Registration Form**

Name _____
Address _____
City _____
Province _____
Postal Code _____
Phone # _____

Do you require billeting? Y N
If Yes, which nights:

Friday Saturday Sunday

If applicable, not required to be a CMA member to attend.
CMA Chapter _____
CMA# _____

Registration Fees

___ Adults @ \$10.00= \$ _____
___ Teens (13-17)@ \$5.00= \$ _____
___ Child(ren) Under 12 Free
___ Total \$ _____

Please make cheques payable to
Wings of Wind, and mail completed
registration forms to :
*Wings of Wind, Box 1313, Station A,
Prince George, B.C., V2L 4V3*

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