

Registration Form
Ex-Wrens 2006 Reunion
Winnipeg Convention Centre September 15 - 17 2006

Please Print all information

Surname: _____ Maiden Name: _____ First Name: _____ Initials _____

Name wanted on registration tag _____

Address _____ City _____

Prov _____ Postal Code _____ Phone No. _____

Reunion Registration limited to ONE accompanying person attending Reunion

Guest/Companion/Spouse: **Name** _____
(Please print – Name wanted on name tag)

IMPORTANT: Registration fees must be received by: May 31, 2006

There will be no refunds after July 31, 2006

HAVE YOUR REGISTRATION IN BY MARCH 1, 2006 AND BE ELIGIBLE FOR THE EARLY BIRD DRAW : REFUND OF ONE REGISTRATION FEE (Draw to be made at the Reunion Gala Banquet.)

Ex-Wren Registration \$125.00 Cdn. funds \$ _____

Companion registration \$125.00 Cdn. funds (attending Reunion) \$ _____

Saturday Tour 1. City Tour \$20.00 per person No. _____ \$ _____

Total \$ _____

Other tours: Casino (Bus supplied by Casino) I want to go Yes ___ No ___

Manitoba Naval Museum (no charge) I want to go. Yes ___ No ___

SEE TOUR INFORMATION RE: CASINO & MUSEUM TOURS

Please Note: We cannot accept payment by Credit Card or Interac

Make cheque or money order payable in Canadian Funds to: Ex-Wrens Association 2006 Reunion

Mail to: Adele Yakimischak 927 Autumnwood Drive, Winnipeg, Manitoba, Canada, R2J 1C3

For additional information Adele may be reached by phone:(204) 253-0436 or Email: yak@mts.net

Accommodations: Arranging accommodations is the responsibility of the individuals attending. A list of hotels close to the Convention Centre is attached, also a map of the centre of the City

Tour Information: listed on separate page.

Health Form: Please fill out and keep with you during the Reunion

Do you or your companion require special assistance: Yes ___ No ___

Explain _____ Wheelchair: Yes ___ No ___

Special Diet : Yes ___ No ___ Explain _____

NOTE: The Ex-Wrens Association (Chippawa Division) it's Officers and Members accept no responsibility for loss, injury or death to anyone attending this Reunion.

(Please do not write below this line- Committee use only)

Name: _____ Address _____

City _____ Province _____ Postal Code _____

Number of Registrants _____ Date received: _____ Cheque no. _____ Bank _____

Money Order _____ Total Amount Received _____

PARTICIPANT HEALTH FORM
Ex-Wrens Association 2006 Reunion

Name: _____

Address _____ City _____

Province _____ Postal Code _____ Phone No. _____

Provincial Health Number: _____ Province _____

Blue Cross or other Health Plan Number _____

In case of Emergency call _____ Phone No. _____

Are you taking medications If yes, please list:

Allergies: Yes _____ No _____ If yes please specify _____

Please carry any allergy medication with you at all times.

Please Note: With the Federal Privacy Act it is not mandatory to fill out this form. As a safety measure, we do suggest that you fill it out and carry it with you at all times.
Please **DO NOT RETURN THIS FORM TO US.**

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