



DESIGN EXCHANGE MARCH BREAK CAMP 2008 REGISTRATION FORM

young designer's name _____ school grade _____ birth date _____

street address _____ apt. _____

city _____ province _____ postal code _____ home telephone _____

mother's name _____ email _____ cell/work phone _____

father's name _____ email _____ cell/work phone _____

emergency contact

name _____ relationship _____ telephone _____

names of other individuals who will pick up young designer

name _____ relationship _____ telephone _____

travel arrangements (please circle one) parent pick up / drop off child travels by self

registration fee (please circle one) \$295 DX members \$325 non members

extended care is available from 4.00pm until 5.30pm each day (please circle days needed)

monday tuesday wednesday thursday friday

TOTAL COST registration fee + number of extended care days x \$10 =

payment (please circle one) VISA MASTERCARD AMEX CASH CHEQUE

card number _____ exp. day (mm/yy) _____

cardholder's name _____ signature _____

I hereby give permission to have staff arrange for any emergency medical care including hospitalization or transportation if necessary. In all instances where children are involved, attempts will be made to first contact the parent or guardian. The participant is responsible for his/her own medical coverage. I release the Design Exchange from all claims arising from participation in any activity. I am aware that my child may be photographed at any time during the camp for the purpose of DX publicity and advertising.

parent/guardian signature _____ date _____

REFUND AND WITHDRAWALS Requests for a full refund must be made in writing at least 14 days prior to the start of the camp. A \$30 administration fee will be charged.

TO REGISTER mail: Design Exchange 234 Bay Street PO Box 18 TD Centre Toronto ON M5K 1B2
email: education@dx.org fax: 416.368.0684 in-person: 9:00am – 5:00pm at the DX info desk