



GIRLS GROUP REG FORM

NAME: _____ DATE of BIRTH: _____ AGE: _____

ADDRESS: _____

TWEEN OR TEEN PROGRAM? PARENT NAME: _____

EMAIL ADDRESS: _____ NUMBER: _____

WHAT DO YOU WANT YOUR DAUGHTER TO GET OUT OF THIS EXPERIENCE? _____

BRIEF PERSONALITY TRAITS (TRAITS THAT NEED ENHANCING & TRAITS THAT SHE HAS THAT WE SHOULD MAKE SURE WE BENEFIT FROM)

ANY MEDICAL ISSUES OR OTHER INFO WE SHOULD BE AWARE OF?

**** We are so pleased your daughter is joining us for this incredible experience. Please contact Shyanne at 416 834-0331 for more information. When we receive your registration form we will send you payment instructions.**