

EVENT HORIZON PLANNING INC.

The following information is necessary for you to be included on the Event Horizon database, and to receive the field trip list by mail or email. By providing the following information, you agree to be contacted by field trip planners in regards to field trips and coming events:

Primary contact name: _____

Secondary contact name: _____

Street address or P.O. Box: _____

City/Town: _____

Province: _____

Postal Code: _____ Geographical area: _____

Do you wish to receive the field trip list by hardcopy and/or email? Circle choice(s)

Telephone Number(s): _____

Email Address: _____

The following information is strictly for demographic use:

Names, Gender and Birth Years of Children: _____

_____ Are you interested in helping to organize field trips? (circle) Yes or No

_____ Do you have contacts in businesses that would let a group in for a tour? _____

Do you have any specific requests and please indicate which day you would prefer to attend events? (Please write on back of sheet)

Are you interested in meeting families in your geographical area? (circle) Yes or No

Payment information: Check desired option(s):

Cost:

Subscription: January 1 to August 31

\$10 _____

September 1 to August 31

\$15 _____

School year _____ Method of payment _____ Total amount paid _____

Waiver and photo release: Event Horizon Planning Inc. will not be held liable for personal injury, damage to property or expenses of any nature that may be incurred by any participant of any EHP organized event, activity or lesson. Neither shall any host of said event, activity or lesson be held liable. All parents/legal guardians shall assume all risk of personal injury, sickness, damage and expense of any kind caused their children or themselves.

Parent/guardian name printed: _____

Parent/guardian signature: _____ Date _____

I give permission for images of my children _____ captured during regular and special EHP events through video, photo and digital camera, to be used solely for the purposes of EHP promotional material and publications, and waive any rights of compensation or ownership thereto.

Parent/guardian name printed: _____

Parent/guardian signature: _____ Date _____