



SCHOOL DAYS 2018 – Registration Form

School Name: _____

Mailing Address: _____

Contact Person: _____ Cell Phone: _____

Daytime Phone: _____ Fax: _____

Email: _____

Arrival Date: _____ Arrival Time: _____

Travelling by Bus? Yes / No Number of buses: _____

Estimated # of Students: _____ Grade level/s: _____ Estimated # of Chaperones: _____

Participating in School Days Activities? Yes / No Amusement Park Tour: Yes / No Nature Walk Tour: Yes / No

Please note any additional information and special instructions: (band performance time must be booked in advance):

If you do not receive email confirmation within 72 hours, please contact Marketing at 1-888-248-4567, ext. 137

Method of Payment:

- Upon Arrival (cheque, cash, Visa or MasterCard. Please make cheque payable to Upper Clements Parks)
- Invoice (copy will be given at time of admission and a copy emailed to school)

email form to: marketing@upperclements.com

or fax to: 902-532-7681

FOR OFFICE USE:

Date of Reservation: _____ Reserved by: _____