



# Residence Program Registration Form 2016/2017

Call 780.428.1111 for additional information.



## CONTACT INFORMATION

School/Group Name: \_\_\_\_\_ Office email: \_\_\_\_\_

**1<sup>st</sup> CONTACT** Position First Name Last Name Email

**2<sup>nd</sup> CONTACT** Position First Name Last Name Email

**TELEPHONE** Daytime Cell Fax

**ADDRESS** Street/Box No. Town/City Postal Code

## PROGRAM REGISTRATION INFORMATION

Program Choice(s)	Residence Program Length (2-day/ 3-day)	Grade	# of Students	# of Adults	Requested Date Choices
1.	<u>Arrival/Departure Time</u>				1 <sup>st</sup> – _____ 2 <sup>nd</sup> – _____ 3 <sup>rd</sup> – _____

Additional Information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

AV Requirements: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Note:** A detailed menu of included meals is posted on our [website](#).

Please inform us of any dietary requests or concerns prior to arrival.

Dietary restrictions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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## PAYMENT INFORMATION – Deposit must accompany Program Registration Form

*\*Note: A \$500 deposit is required at the time of booking, with the balance to be invoiced after the stay.*

Total cost (including GST if applicable, see prices on following page): \_\_\_\_\_

Method of Payment: \_\_\_\_\_ Cash \_\_\_\_\_ Cheque (payable to Edmonton Public Schools) \_\_\_\_\_ Credit Card \_\_\_\_\_  
Budget/SGF

NAME OF CARDHOLDER: \_\_\_\_\_ AUTHORIZED SIGNATURE: \_\_\_\_\_

CARD NUMBER \_\_\_\_\_ Expiry Date \_\_\_\_\_ / \_\_\_\_\_  
(\*EPS Schools should not be using their school credit card)

### Budget Funds – EPS ONLY

Account Code 800601 Cost Centre \_\_\_\_\_ Program \_\_\_\_\_ Activity \_\_\_\_\_. (This will be processed by Journal Voucher)

### SGF Funds – EPS ONLY

1. Please provide a SGF cheque with the stub attached using Acct # 2100 **or**
2. Account Code 101501 Cost Centre \_\_\_\_\_ Program \_\_\_\_\_ (34001-34801) Activity 800001.  
(This will be processed by Journal Voucher to the schools School to Pay account )

**MAIL** to: Metro Continuing Education, 7835 - 76 Avenue NW, Edmonton, AB T6C 2N1 (or Truck mail for EPSB) or **FAX** to: 780.428.1112.

## CANCELLATION POLICY

To withdraw from a program with a full refund, please email [metro@epsb.ca](mailto:metro@epsb.ca) at least 60 business days prior to your program date. Withdrawal requests after the 60 days will result in a refund less 50% of the cost of the program.

## PROGRAM PRICES

### **Elementary Rates**

2-day program: \$79.95 per person  
3-day program: \$129.95 per person

### **Junior High and High School Rates**

2-day program: \$89.95 per person  
3-day program: \$149.95 per person

Included in rates: accommodation, program planning, food, instruction, overnight supervision and required equipment and resources.

**Please note that GST will be added for schools outside of the Edmonton Public Schools District.**

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