

3.

## Residence Program Registration Form 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		
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PROGRAM REGISTRATION INFORMATION						
Program Choice(s)	Residence Program	Grade	# of Students	# of Adults	Requested Date Choices	
	Length (2-day/ 3-day)					
					1 <sup>st</sup>	
	<u>Arrival/Departure</u>				2 <sup>nd</sup> –	
	<u>Time</u>					
					ard	
					3 <sup>rd</sup> –	
Additional Information:						
AV Requirements:						
Note: A detailed menu of included meals is posted on our <u>website</u> .						
Please inform us of any dietary requests or concerns 48 hours prior to arrival.  Dietary restrictions:						

If you have not received email confirmation of this booking within 14 days of submission, please email metro@epsb.ca.

1 Revised: June 2017



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## PAYMENT INFORMATION - Deposit must accompany Program Registration Form

*Note: A \$500 deposit is required at the based on the confirmed numbers provid	time of booking. The final amount will be invoiced after the stay and will be ed prior to the event*				
Total cost (including GST if applicable, see prices on following page): (Edmonton Public Schools – NO GST)					
Method of Payment:CashC	Cheque (payable to Edmonton Public Schools)Credit CardBudget /SGF				
NAME OF CARDHOLDER:	AUTHORIZED SIGNATURE:				
CARD NUMBER	Expiry Date				
*Edmonton Public Schools should <b>not</b> be usin	ng their school credit card				
Budget Funds - Edmonton Public Schools	s only:				
Account Code <u>800602</u> Cost Centre(4 (This will be processed by Journal Vouch	Program Activity  4-digit) (5-digit) (6-digit)				
SGF Funds – Edmonton Public Schools or	<u>1/y:</u>				
1. Please provide a SGF cheque with the	stub attached using Acct # 2100 <b>or</b>				
2. Account Code <u>101501</u> Cost Centre Program (34001-34801) Activity <u>800001</u>					
(This will be processed by Journal Vouch	ner to the schools School to Pay account)				
SEND to: Metro Continuing Education, 7 FAX: 780.428.1112 or EMAIL: metro@e	7835 - 76 Avenue NW, Edmonton, AB T6C 2N1 (or Truck mail for EPSB) or epsb.ca				
CANCELLATION POLICY					
	refund, please email metro@epsb.ca at least 60 business days prior to your r 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	<b>Included in rates:</b> accommodation, program planning, food, instruction, overnight supervision and required equipment and resources.				
Junior High and High School Rates 2-day program: \$89.95 per person	<b>Note:</b> A booking for 1-35 students includes 2 free adults, 35-50 students includes 3 free adults, 51-65 students includes 4 free adults.				

GST will be added for schools outside of Edmonton Public Schools. Prices are subject to change.

3-day program: \$149.95 per person

2 Revised: June 2017