

## Registration Form

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Home E-mail Address: \_\_\_\_\_

**I will be attending the Bluewater Occasional Teachers' PL DAY on Friday Oct. 28<sup>th</sup> at the "Inn on the Bay," in Owen Sound.**

**The workshop that I would like to take is:**

\_\_\_\_\_

**I have enclosed a cheque in the amount of \$20.00 payable to the "Bluewater Occasional Teachers' Local." I understand that the cheque is fully refundable upon my arrival.**

**Please indicate below if you have any dietary or accessibility needs that we may accommodate.**

\_\_\_\_\_

\_\_\_\_\_

**Mail this completed form by October 25<sup>th</sup> to:**

**Mrs. Amanda Quist  
8 Moore Street, P.O. Box 58  
Lions Head, ON  
N0H 1W0**