

REGISTRATION FORM

CAMMAC MUSIC CENTRE

Lake MacDonald

Winter weekend

Zelenka

Mysteries of Bohemia

Name: _____

Address: _____

City: _____

Postal code: _____

Telephone: _____

Email: _____

Instrument(s): _____

Voice: _____

Are you vegetarian? YES / NO

Do you have allergies? _____

Visa ☐ MasterCard ☐

_____ No. Exp. ____ / ____

Signature _____ Date: ____ / ____ / ____
DD MM YEAR

CAMMAC

85 chemin Cammac

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Fax: 819-687-3323