



CN
**FUTURE
LINKS™**

2010 CN Future Links Registration Form \$35.00

All payments are to be submitted to Kevin Champion 1 week prior to clinic
greengables@pei.aibn.com

Kevin Champion
PO Box 115
Hunter River, PE
COA 1N0
902-886-2222

Name: _____

Birthday - Month: _____ Date: _____ Year: _____

Street Address: _____

City or Town: _____ Postal Code: _____

Email Address: _____

School Attending: _____

Home Phone: _____ Cell Phone: _____

Parent or Guardian: _____

Has student taking Future Links Clinic before YES or NO (Please Circle)

PAYMENT DETAILS

PRICE: \$35.00

DATES OF CLINIC _____ LOCATION OF CLINIC _____

In order to secure your registration, we ask that you supply us with a credit card number. We accept Visa, American Express, and MasterCard. Your credit card information will be kept totally safe and confidential and will be charged upon being received.

CREDIT CARD INFORMATION

CREDIT CARD TYPE: _____

NAME ON CARD: _____

CREDIT CARD NUMBER: _____

EXPIRY DATE: _____



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