Logo, company name

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**BUILDING BRIDGES TOWARD RECONCILIATION  
THE SALVATION ARMY HERITAGE PARK TEMPLE  
825 SCHOOL ROAD, WPG, MB, R2Y 0S8  
MARCH 24-26, 2023**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | | |
| Address |  | Phone |  |
| City/Postal Code |  | | |
| Corps/Church |  | Email |  |

Registration Costs (includes childcare, lunch, and snacks)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| FULL WEEKEND ($20.00) |  |  | SATURDAY ONLY ($10.00) |  |

Allergies and dietary restrictions:

|  |
| --- |
|  |

Children Attending

|  |  |  |  |
| --- | --- | --- | --- |
| Name (please Print) |  | Age |  |

Dietary/Health/Behavioural Concerns: Please indicate if your child has allergies or requires special support.

|  |
| --- |
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|  |

Children Attending

|  |  |  |  |
| --- | --- | --- | --- |
| Name (please Print) |  | Age |  |

Dietary/Health/Behavioural Concerns: Please indicate if your child has allergies or requires special support.

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|  |

Number of children

|  |  |  |  |
| --- | --- | --- | --- |
|  | Ages 0-5 |  | Ages 6-12 |

Waivers

* I allow The Salvation Army to use photographs of myself in promotional and educational materials.
* I allow The Salvation Army to use photographs of my child’s photo in promotional and educational materials.
* I hereby release The Salvation Army from all responsibility and claim for accident, sickness or other loss in association with this event.

|  |  |  |
| --- | --- | --- |
|  |  |  |

Signature Date

|  |
| --- |
| ***Return your application form by e-mail to*** [***Zachary.hoeft@salvationarmy.ca***](mailto:Zachary.hoeft@salvationarmy.ca) ***or in person at 825 School Road.*** |