



Registration Form

SUNDAY, NOVEMBER 11 – TUESDAY, NOVEMBER 13

COMPLETE AND SEND TO:

eMAIL:
angela@ylcc.com

FAX:
705.326.1097

MAIL:
OSLC Headquarters
Youth Leadership
Camps Canada
498 Moon Point Drive
Orillia, Ontario
L3V 6H1

SCHOOL / GROUP NAME _____

MAILING ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

SCHOOL PHONE _____ EXT. _____ FAX _____

ADVISOR NAME _____ POSITION/TITLE _____

ADVISOR eMAIL ADDRESS (REQUIRED) _____ CELL # (in case of emergency only, will be kept confidential) _____

REGISTRATION will NOT be processed until both REGISTRATION FORM and FULL PAYMENT are received at OS/SLC HEADQUARTERS

ALUMNI	EARLY BIRD	REGULAR	OPTIONAL LUNCH BUFFET
Fee must be received by midnight DECEMBER 10, 2011	Fee must be received between DECEMBER 11, 2011 & APRIL 8, 2012	Fee if received on/after APRIL 9, 2012	Monday November 12, 2012
ADVISORS: # _____ attending @ \$55.00 per person = \$ _____	ADVISORS: # _____ attending @ \$99.00 per person = \$ _____	ADVISORS: # _____ attending @ \$110.00 per person = \$ _____	# _____ of Lunches @ \$20.00 per person = \$ _____
STUDENTS: # _____ attending @ \$115.00 per person = \$ _____	STUDENTS: # _____ attending @ \$130.00 per person = \$ _____	STUDENTS: # _____ attending @ \$150.00 per person = \$ _____	

Above fees include ALL ACCESS Conference entry for the full three days. Participants are responsible for their own travel, accommodations and all other additional expenses.

How did you hear about us?

- website direct mailing
- saw an AD from a friend
- YLCC Stu Saunders Presentations

PAYMENT OPTIONS

Cheque (made payable to "YLCC c/o OS/SLC") *NO POST DATED CHEQUES - \$30.00 administration fee will be charged on all NSF cheques*

Card # _____

Expiry Date _____ 3 digit CCV number on back of card _____

SUMMARY OF PAYMENT SUBMITTED

Advisor Total \$ _____

Student Total \$ _____

Lunch Total \$ _____

Sub Total: \$ _____

HST 13%:
(#85023 2471 RT0001) \$ _____

TOTAL PAYMENT: \$ _____

For more information, please contact:

Angela Cacciavillani
angela@ylcc.com
519.697.8409
Office: 519.204.4761
www.ylcc.com

Credit Card Holder Name _____

Signature _____