



# WHIMZ LIVE ANIMAL PROGRAM

IS COMING TO

## GROOVE SCHOOL OF DANCE

DATES & TIMES:

SATURDAY'S, (11:15 AM -12 NOON) FROM JAN 9<sup>TH</sup> – FEB 7<sup>TH</sup>, 2016

**SPACE IS LIMITED**

Call Ahead to reserve your spot



**COST/CHILD** (H.S.T. INCL.): **\$75**

(FOR THE 5 WEEK PROGRAM)

**REGISTER NOW**, So You

DON'T MISS OUT ON SOME REAL LIVE FUN!



- ▶ A VERY **HANDS-ON, INTERACTIVE, FUN, SAFE, & EDUCATIONAL** PROGRAM.
- ▶ YOU & YOUR CHILDREN WILL MEET DIFFERENT ANIMALS EACH WEEK, PETTING, HOLDING, & EVEN FEEDING THEM.
- ▶ EXPERIENCE THE JOY & WONDERS OF THE ANIMAL WORLD THROUGH THE EYES OF YOUR CHILDREN & THE AMAZING WHIMZ ANIMALS!



**CALL OR EMAIL TO RESERVE YOUR SPOT**

TELEPHONE: **416-656-7894**

EMAIL: [whimz@whimzonline.com](mailto:whimz@whimzonline.com)



# WHIMZ LIVE ANIMAL PROGRAM REGISTRATION FORM



SCHOOL:	<b>GROVE SCHOOL OF DANCE</b>	SESSION:	<b>WINTER 2016</b>
PROGRAM TYPE:	<b>ADULT &amp; TOT</b>	DAY & TIME OF PROGRAM: (CHECK APPROPRIATE BOX)	<input checked="" type="checkbox"/> <b>SATURDAY (JAN 9 –FEB 7/16) 11:15AM -12:00PM</b> <input type="checkbox"/>

## REGISTRATION INSTRUCTIONS

- CALL WHIMZ** (416-656-7894) OR EMAIL: [whimz@whimzonline.com](mailto:whimz@whimzonline.com) TO RESERVE YOUR SPOT ASAP, SINCE SPACE IS LIMITED.
- BRING THIS COMPLETED REGISTRATION FORM, ALONG WITH A CHEQUE TO THE 1<sup>ST</sup> DAY OF THE PROGRAM.

CHEQUE ENCLOSED FOR:	<b>\$75.00</b>	INCLUDES HST	PAYABLE TO: <b>WHIMZ INC.</b>
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- PLEASE PROVIDE THE INFORMATION BELOW:

CHILD'S NAME:	AGE:	GRADE:	TEACHER:
STREET ADDRESS:		CITY:	POSTAL CODE:
MOTHER'S NAME	CONTACT TEL#:	FATHER'S NAME:	CONTACT TEL #:
PRIMARY CONTACT EMAIL:		EMERGENCY CONTACT/TEL # (IF DIFFERENT FROM ABOVE)	
SPECIAL INFO ABOUT YOUR CHILD: (PLEASE PROVIDE ANY INFORMATION YOU THINK THE PROGRAM LEADER MAY NEED TO HELP ENSURE YOUR CHILD HAS A HAPPY, SAFE, & POSITIVE EXPERIENCE IN THE PROGRAM)			

- LIABILITY RELEASE:** (REQUIRED FOR PARTICIPATION IN THE PROGRAM)

PARENTS, GUARDIANS, & FAMILY OF THE CHILD NAMED IN THIS REGISTRATION, HERBY RELEASE WHIMZ INC., & WHIMZ PROGRAM LEADERS FROM ANY & ALL CLAIMS OF DAMAGE, LOSS, OR INJURY WHICH MAY BE CAUSED OR ARISE FROM PARTICIPATION DURING THE PROGRAM.

PARENT/GUARDIAN NAME (PRINT): \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_