



UNIVERSITY
nuhelot'ine thaiyots'j nistameyimākanak
BLUE QUILLS

Ph: 780.645.4455 Fx: 780.645-5215 www.bluequills.ca
Treaty Six Territory Box 279 St Paul Alberta Canada T0A 3A0

GROUP REGISTRATION FORM “ANNUAL CULTURAL CAMP”

Contact Person _____ Email _____

Telephone _____ Fax _____

Organization _____

Address _____

DAYS ATTENDING: May 30 May 31 June 1 June 2 June 3
(Please Circle) Monday Tuesday Wednesday Thursday Friday

REGISTRATION FEE \$10.00 PER PERSON PER DAY:

OF STUDENTS/CHILDREN _____

OF ADULTS _____

TOTAL # OF PARTICIPANTS _____

ACCOMMODATION REQUIREMENTS:

Dorm Room (Rate \$50.00 per night single occupancy + \$50.00 Deposit)

(Please Circle) May 30 May 31 June 1 June 2 June 3
Monday Tuesday Wednesday Thursday Friday
OF NIGHTS _____
OF ROOMS _____

Tipi (Rate \$50.00 per group per night)

(Please Circle) May 30 May 31 June 1 June 2 June 3
Monday Tuesday Wednesday Thursday Friday
OF NIGHTS _____
OF TIPIS _____

FORWARD REGISTRATION FORMS TO OR FOR MORE ACCOMMODATION ENQUIRIES:

Kathleen Hunter: Fax: 780 645 5215
Phone: 1-888-645-4455 extension 104
Email: financeclerk@bluequills.ca