

**2017 Atlantic Christian Ashram**

**Registration Form**

**Ashram Attendees:**

**Please find enclosed your 2017 Ashram Brochure and this accompanying Registration Form. Please register each individual person that will be coming to Ashram.**

**Please read the brochure carefully as there are changes from last year. We would ask you to pay particular attention to the deadlines that are shown in the 2017 Registration information section of the brochure.**

**We look forward to seeing you at this year's Ashram.**

**Eddie Quann  
Director**

**Please register on this form, listing each person's name.**

<b>Name</b>	<b>Children's Ages</b>	<b>Address</b>	<b>Phone No.</b>

**Please put an asterisk beside your name if you are a first time attendee.**

**Persons having physical limitations requiring special considerations should specify.**

**Small Group Preference for Adult Program  College & Careers (Young Adult)  Regular Adult**

**Send completed form and Payment to: Brenda Ellison, Registrar  
5 Birch Drive, Meadowvale, N.S. B0P 1R0  
Telephone: (902) 765-2526**

**Amount Enclosed: \$\_\_\_\_\_**

**Cheques Payable to: Atlantic Christian Ashram**