

**2018 Atlantic Christian Ashram**

**Registration Form**

**Ashram Attendees:**

**Please find enclosed your 2018 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 2018 Registration information section of the brochure.**

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

**Kevin Jack  
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.**

**For those who would rather be considered a Youth Adult (19 – 30+) write YA or if you want to be considered a Regular Adult write RA under the Children Ages Column.**

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

**If you wish to receive correspondence from United Christian Ashram please give your e-mail address on the line provided. \_\_\_\_\_**

**By initialing here \_\_\_\_\_ I give permission for myself and other individuals whom I have registered to appear in videos and pictures used for the promotion of the Atlantic Christian Ashram.**

**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**