## **2024 Atlantic Christian Ashram**

## **Registration Form**

Ashram	Attond	اممو
ASHI'AHI	Allend	1662

Please find enclosed your 2024 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 2024 Registration information section of the brochure.

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

Doug Nichols Director

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

Name
Children's Ages
Address

Name	Childre	n's Ages	Address	Phone No.

	Please pu	t an asterisk besid	le your name	if you are a first ti	me attendee.	,	
	•	Please, indicate if ynale Male			nale Group,	All Male Group or	r a
			0	Adult (19 – 35+) w Idren Ages Colum		you want to be	
	Persons hav	ing physical limita	itions requirii	ng special consider	ations shoul	d specify.	
•		-		Christian Ashram <sub>J</sub>		our e-mail address	on the
in vi	deos and picture	s used for the pro	motion of the	Atlantic Christian		have registered to	appear
Send	completed forn	and Payment to:		- Registrar on Court, Lawrenc	cetown, NS, 1	B2Z 1T3	
			O	(902) 452-9584			
			Amount End	closed: \$		-	
Chec	ques Payable to:	Atlantic Christian	Ashram				

\*\*NEW\* Registration forms can be emailed to <a href="mailto:registrar.ac.ashram@gmail.com">registrar.ac.ashram@gmail.com</a>

Please send e transfer to: <u>registrar.ac.ashram@gmail.com</u>