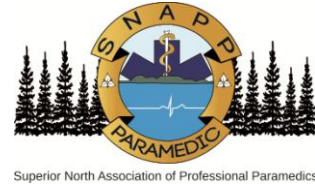




Dryden Hotel and
Conference Centre



**TABLE REGISTRATION FORM
- ARTISAN -**

(Please read and complete entire form)

Name: _____

Type of Product: _____

Contact Person: _____

Address: _____ **Postal Code:** _____

Phone: H: _____ **W:** _____ **C:** _____

Email: _____

Please describe in detail the items you would like to sell (subject to approval):

REGISTRATION FORM AND \$25 FEE DUE MAY 19th
Registration Fee is non-refundable

Please select your method of payment:

Cash: ____ Cheque: ____

I / we agree to hold the George Jeffrey Children's Centre/George Jeffrey Children's Foundation harmless and free from liability of accident, personal injury, loss, or damage to our property and the property of others during the rental period of the grounds in this event.

DATE

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF CO-APPLICANT
(if applicable)