

STRATFORD FESTIVAL REGISTRA Stratford, Ontario, October 6	
Mail form & check made payable to HG to 29 Wa	ter St, Wellsboro, PA 16901
<u>NAME</u>	PASSPORT EXP DATE
[PERSON 1]	
[PERSON 2]	
[PERSON 3]	
[PERSON 4]	
	one
Rooming with (if not listed above)	
Emergency Contact Person/Telephone:	
Special Requests:	
□ COMPLIMENTARY HEARING DEVICES FOR ALL 3	PLAYS #
PACKAGE OPTIONS (Indicate choices by chec	<u>king boxes below</u> .)
D PACKAGE "A" (DBL/TRPL OCCUPANCY / THREE	
\$625 x (number of persons) =	
\$725 x (number of persons) =	\$
TOTAL COST OF PACKAGES	\$
	\$
-OR- DEPOSIT ENCLOSED <u>Deposit Due by May 26, 2023</u> (Number of Persons x \$200	) \$
NOTE BALANCE TO BE PAID BY AUGUST 1, 2	023 \$
(Indicate Preferred Departure Point):	
Mansfield (Mansfield/CVS Plaza) 5:4	80AM (Begin boarding 5AM) I0AM 20AM
Full refunde will be made if UO equade this	

Full refunds will be made if HG cancels trip.

Refunds cannot be made for participant cancellations after August 1. Participation automatically entails releasing Hamilton-Gibson from liability for personal injury.