

CHIP N SIP

REGISTRATION FORM



NAME: _____

EMAIL: _____

PAYMENT METHOD: \$160.00

☐ CASH ☐ E-TRANSFER ☐ CREDIT/DEBIT (TAXES WILL BE APPLIED)

CLINIC OF CHOICE

TUESDAY 5:30PM ☐ (BEGINNING MAY 16TH)

TUESDAY 6:30PM ☐ (BEGINNING MAY 16TH)

WEDNESDAY 5:30PM ☐ (BEGINNING MAY 17TH)

WEDNESDAY 6:30PM ☐ (BEGINNING MAY 17TH)

FRIDAY 5:30PM ☐ (BEGINNING MAY 19TH)

FRIDAY 6:30PM ☐ (BEGINNING MAY 19TH)

PAYMENT IS DUE AT TIME OF REGISTRATION

