

## Registration Form

Pre-registration is required by  
September 10th, 2010

First and last name \*

Mailing address (optional)

Phone Number \*

Email address \*

Payment Amount      **Payment Method** –  
*please circle one*

\$50.00	Cash	Cheque (# )
	Visa	Mastercard

\*\*Cheques payable to **Victoria Fraser**  
\*\*Credit Card payments can be made at

**SCRAPtease**  
36 Emily Street  
Carleton Place, ON  
613-257-7300

**Registration  
information**

**elgin's crop**  
for Childhood Cancer

**2011**

Scrapbooking  
for a cause



**Elgin's Embrace of Hope Fund**  
c/o Victoria Fraser  
36 Emily Street  
Carleton Place, ON  
K7C 1S2

Phone (613) 253-3051  
Cell (613) 720-4399

[elginsfund@bell.net](mailto:elginsfund@bell.net)

Saturday, September 24<sup>th</sup>, 2011  
Carleton Place, ON

## EVENT INFORMATION

**Saturday  
September 24<sup>th</sup>, 2010  
11:00 am - 11:00 pm**

Carleton Place Arena  
75 Neelin Street  
Carleton Place, ON

### **Registration includes:**

- ♦ 12 hours of crop time
- ♦ table and chair
- ♦ snacks and dinner
- ♦ door prizes
- ♦ gift bag
- ♦ demonstrations throughout the day

### **Highlights:**

- ♦ classes
- ♦ contests
- ♦ vendors
- ♦ silent auction
- ♦ neck & shoulder massages

## RELEASE

I hereby release, Neelin Street Community Centre (Carleton Place Arena), all hosts, sponsors and volunteers of all liability, damages, costs and expenses of any kind that may arise as a result from my attendance at Elgin's Crop for Childhood Cancer. None of the earlier stated will be held responsible for damaged, lost or stolen goods.

With my attendance at this event I realize that my photograph may be taken and used for future promotional use by Elgin's Embrace of Hope Fund and Scraptease.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## PRIVACY STATEMENT

The information collected on this form is being collected for the sole purpose of the above-mentioned fund raising event. Your personal information will not be shared or sold to anyone related or not related to this event.

Should you wish that your name and contact information be kept for further use by Elgin's Embrace of Hope Fund, please sign below.

I, \_\_\_\_\_, agree that Elgin's Embrace of Hope Fund can keep my name and contact information on file for future use.

Signature \_\_\_\_\_

### **To register please contact:**

**Elgin's  
Embrace of Hope Fund**  
c/o Victoria Fraser  
36 Emily Street  
Carleton Place, ON  
K7C 1S2

Phone (613) 253-3051  
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\*\* If your local scrapbooking store is participating in this event. You may be able to register through them too.

Contact them today to find out!

Date \_\_\_\_\_