STUDENT RETREAT AT CAMP ARNES | SEPTEMBER 14-16, 2018 REGISTRATION FORM

Name	Student ID		
Lodging Female			
☐ Male			
Transportation			
<u> </u>	tation to Camp Arnes (bu ransportation to Camp Ai	•	
_ ,	id are willing to take pass		e indicate the number of
passengers you car	n transport:		
# of Passengers _			
Activities			
Most activities at the camp following. Please indicate w	_		owever, required for the
☐ Trail Ride (1 hour =	\$15.00)		
Art Workshop (\$5.0	0 per session)		
Additional information I prefer a vegetarian		nes Allergy/Dietary Restrictio	n Policy is available upon request)
☐ I have the following	food allergies:		
☐ I have the following	other special needs that wi	ll require consideration:	
Cost	_		
	3 ,	\$50.00 – if registering S	eptember 12 or later
Note: Any cancellation	ns after September 12, 20	18 are not refundable.	
Payment Method (please	select one)		
Personal cheque –	cheques should be made	payable to CMU with 'F	Fall Retreat' in memo line
Charge my CMU fir	nancial account		
Please return this regis	stration form to Shirle	ey Thiessen by Sept	tember 12, 2018
by mail:	by email:	by fax:	in person:
CMU Fall Retreat 500 Shaftesbury Blvd. Winnipeg, MB R3P 2N2	fallretreat@cmu.ca	204.487.3858	South Side Reception