



2015 REGISTRATION FORM

August 6-9, 2015

DATE _____

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Driver's License # _____

Preferred Lots: _____ Lot (s) @ \$ _____/Lot Total _____

Thur./Fri./Sat _____ Sat. Only _____

Lot Price includes ALL Taxes **(\$2.00 handling fee added for credit card payment)**

Payment Cash _____ Cheque _____ Visa/Mastercard _____ (complete form below)

Signature _____

CREDIT CARD AUTHORIZATION FORM

For services rendered. Not to exceed the amount shown Amount of \$ _____

Credit Card Type Visa _____ Mastercard _____ Credit Card No. _____

Name on Card _____ Expiry Date _____ Code on Back _____

Billing Address _____

Telephone No. _____ Cell No. _____

Signature _____ Print Name _____

Date _____

Note: All reservations must be paid in advance. Cheques payable to 2015 Fiddle Park. Mail to Jean Cheyne, 415 Pinegrove Ave., Shelburne, On. L9V 2Z7.