



**FRIENDS OF ENGLISH THEATRE
STRATFORD FESTIVAL
September 20-22, 2019
REGISTRATION FORM**

Name _____ FET 2019 member? _____
 Address: _____
 _____ Postal Code _____
 Phone # _____ E-mail _____

Name _____ FET 2019 member? _____
 Address: _____
 _____ Postal Code _____
 Phone _____ E-mail _____

If only one name appears on this registration form, please indicate any travelling partner/s. _____
More than 2 people in your party? Please add the additional names and addresses overleaf.
Travellers from out-of-town are most welcome to join you. However, if they do not ride the FET EXPRESS, \$30 surcharge will be applied.

| | | | | |
|--|--|---|-----------------|--------------|
| ACCOMMODATION AT ARDEN PARK HOTEL Confirmation # _____ Date of your booking _____ | | If you are travelling without a partner would you consider sharing your accommodation? Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> | | |
| ACCOMMODATION ELSEWHERE Name: _____ Phone Number _____ Address _____ | | | | |
| CHOOSING YOUR PERSONAL SCHEDULE | | Price | Quantity | Total |
| Friday performance (8:00) | | | | |
| Saturday performance (2:00) | | | | |
| Saturday performance (8:00) | | | | |
| Sunday performance (2:00) | | | | |
| TICKETS TOTAL | | | | \$ |
| Hearing assistance devices (No charge, but donation of \$2 per unit appreciated when collected) | | | | |
| Transportation \$205 x | | | | |
| Indicate any additional expenses : Late fee - \$25 / Surcharge if not travelling with the 'FET Express' - \$30 | | | | |
| | | | | |

Please indicate any mobility concerns _____

Two cheques made out to **Friends of English Theatre** are required with this registration.

1. Deposit non-refundable: \$200 per person \$ **2. Balance (post-dated no later than August 6)** \$

If registration occurs after August 5 please include full amount in a single cheque and add \$25 late fee to your total.

Mail this form with payment to: **Fran Pearl, 1001-401 Golden Ave, Ottawa, ON, K2A 1H4.**

For office use only.

Date _____ Deposit \$ _____ # _____ Balance \$ _____ Dated _____ # _____ Payment made by _____

2019 member confirmed _____ If required, separate cheque included. **Y / N / N.A.** Amount \$ _____

Other _____