



REGISTRATION FORM



Recreational Cape Breton Fiddle

at

Farmer Memorial Baptist Church

293 South Kingsway Toronto Ontario

I UNDERSTAND AND AGREE THAT THE FIDDLE CLUB, INCLUDING MY INSTRUCTORS, WILL NOT BE RESPONSIBLE OR ACCOUNTABLE FOR ANY PERSONAL INJURY, I MAY SUSTAIN, DURING THE 10 WEEK SESSION OF FIDDLE INSTRUCTIONS OR DEMONSTRATIONS.

PAYMENTS: **IN FULL** **WEEKLY**

NAME: _____

DATE: __/__/__ PHONE: _____

E-MAIL: _____

SIGNATURE: _____