



# REGISTRATION FORM

**Event Date:** Sunday, August 12, 2018 - 10AM to 10PM

**Cost:** **Member:** \$40.00 inclusive of HST  
**Non-Member Guest:** \$40.00 inclusive of HST (per guest)  
**Season Pass Holders - Meal Only:** \$10 inclusive of HST (per guest)

**Includes:** Park Admission Fee, All-You-Can-Eat Buffet, Splash Works Water Park

**Registration Deadline** is **July 20, 2018** (late registrations will not be accepted)

**Notes:** **Children under the age of 3** are free for both admission and meal



**Member | Guest Information** (Children under the age of 3 are not to be listed as guests):

|   |     |    |  |        |
|---|-----|----|--|--------|
| <b>1. Member:</b><br>Season Pass Holder | Yes | No | <b>ILCO Member No.:</b>                |        |
| <b>2. Guest:</b><br>Season Pass Holder  | Yes | No | <b>4. Guest:</b><br>Season Pass Holder | Yes No |
| <b>3. Guest:</b><br>Season Pass Holder  | Yes | No | <b>5. Guest:</b><br>Season Pass Holder | Yes No |

Check **YES** if your guest is Under 48 inches tall or over age of 60 years of age:

|                  |     |    |                  |     |    |
|------------------|-----|----|------------------|-----|----|
| <b>2. Guest:</b> | YES | NO | <b>4. Guest:</b> | YES | NO |
| <b>3. Guest:</b> | YES | NO | <b>5. Guest:</b> | YES | NO |

**E-mail address to where Canada's Wonderland Tickets and Receipt are to be delivered:**

|               |  |
|---------------|--|
| Member Name:  |  |
| c/o:          |  |
| Member Phone: |  |
| Member Email: |  |

**Tickets**

| Ticket Type                     | # of Tickets | Cost of Ticket | TOTAL |
|---------------------------------|--------------|----------------|-------|
| Regular                         |              | \$40           |       |
| Season Pass Holders - Meal Only |              | \$10           |       |
| Grand Total :                   |              |                |       |

**Payment Details:**

For VISA or MASTERCARD, complete the following credit card information and **fax** the registration form to 416-214-6255 or call office at 416-214-6252 and provide credit card information.

|                         |  |                      |  |
|-------------------------|--|----------------------|--|
| Card Number:            |  | Expiry Date (mm/yy): |  |
| Name on Card:           |  | CVS#:                |  |
| Cardholder's Signature: |  |                      |  |

**PHOTO RELEASE** In the interest of furthering ILCO's creation, promotion and distribution of educational/informational materials (both now and in the future), you understand and agree that your registration and attendance at, or participation in, ILCO's meetings, programs and events ("Events") constitutes an agreement by you to grant to ILCO the right to record your image, photograph, picture, likeness, and voice by any technology or means.