

Wascana Wilderness Explorers Registration Form

Return Application to the Provincial Capital Commission By:

E-mail: wascanainfo@gov.sk.ca

Register by Phone: 306-522-3661

A parent/guardian is required to drop off their child on Tuesday, April 16, 2024, at 6:00 pm at Wascana Programming Trailer. (Parents will need to sign a waiver, and optionally a photo release form. An email will be sent out a few days prior to the first session with directions on how to find the Programming Trailer.)

*Please have your child prepared to walk outside as, weather permitting, we will be out (i.e. appropriate footwear, jackets, etc.). For the later dates, a flashlight would help for outdoor activities. Nothing else is needed.

*All sessions will be held on Tuesday evening from 6 pm to 8 pm. (Dates of sessions are as follows: April 16, May 14, 28 & June 4)

*Full refunds will be available for cancellations until April 15, 2024. Following this date, no refund will be available for cancellations.

PARTICIPANT INFORMATION

Name(s):	Age(s):		
Email: Home Phone Number:			
Address:	City:	Postal Code:	
PARENT/GUARDIAN INFORMATION			
Name(s):	Email:		
Home Phone Number:	Alternate Phone Nu	Alternate Phone Number:	
Address:	City:	Postal Code:	
MEDICAL INFORMATION			
Allergies:			
Medical Conditions:			
METHOD OF PAYMENT			
Amount of Payment: \$40 / registrant			
Cheque (Number:) P	Payable to: The Provincial Capital Commiss	sion	
Credit Card (Visa, Visa Debit, Mastercard	or Mastercard Debit)		
*Please do not provide credit card information on this f	orm. You will receive an email that includes a	a link to process your payment online.	
*If paying by cheque, please address it to Provincial C	apital Commission.		
*Cheques should be submitted to Wascana Place: 290	00 Wascana Drive, Box 7111, Regina, SK, S4	4P 3S7.	
*Please note payment must be received by April 16, 20	024 to secure a place in the program.		