

REGISTRATION PACKAGE

Contact Information

First Name				Last Name			
Email				Phone			
Address							
City		Prov		Postal Code			
School/Organization							

Performance Information

Piece Name			
Composer			
Instrument			
Notes			

Payment Information

Credit Card Cheque



Please make Cheque payable to: *Calgary Stampede Foundation*

Card Holder Information

Name as it appears on the card (please print): _____

Phone _____ Email _____

Signature _____

Type of card (please check the appropriate box):  VISA[®]  MASTER CARD[®]

Card Number:

Expiry: / (Month/Year)

**Credit card payments will be processed as forms are received.

Please direct submissions and inquiries to Rory Siddall at RSiddall@calgariystampede.com