



**Seasons of Refreshing 2010 Region 4 Preregistration**

*Name(s):* \_\_\_\_\_ *Membership#* \_\_\_\_\_

\_\_\_\_\_ *Membership#* \_\_\_\_\_

*Attending children`s names and ages:* \_\_\_\_\_

\_\_\_\_\_  
*Address:* \_\_\_\_\_

*City* \_\_\_\_\_ *Postal Code* \_\_\_\_\_

*Phone# ( \_\_\_\_\_ )* \_\_\_\_\_ *Email:* \_\_\_\_\_

\_\_\_\_\_ ***@ \$ 15.00 for Registration = \$*** \_\_\_\_\_

\_\_\_\_\_ ***@ \$ 7.50 for Lunch = \$*** \_\_\_\_\_

***Total amount enclosed \$*** \_\_\_\_\_

\_\_\_\_\_ ***(#) will be attending Dinner at the Crossroads Restaurant on  
Saturday Evening at 5:30 pm (Cost will be the responsibility of  
Each member)***

Please send along with your Cheque made out to 'Trinity Riders Chapter of CMA' to:

Clark & Jill Oakley, 427 College Avenue Orangeville, Ontario, L9W4H4