

Pazazz Event Registration

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: (_____) _____ - _____

Chapter Name: _____

Names of Attendees	Names of Attendees

Event Name: _____

Event Date: _____

Cost per person: \$ _____ x # of people: _____ = \$ _____

Pay by: Cheque / Visa / Mastercard

Number: _____ Expiry Date: _____/_____/_____

Signature: _____

Send Form to: Pazazz
122 Owen Sound St.
Shelburne, ON. L0N 1S0
1-877-925-3232