



Team Registration Form

Please e-mail forms to nrourke@stclaircollege.ca and mail cheques by Friday October 11, 2013 to:

Nichole Rourke
School of Business & I.T.
St. Clair College
2000 Talbot Road West
Windsor ON, N9A 6S4

Cheques must be made payable to: **St. Clair College**

COLLEGE NAME	COLLEGE CONTACT PERSON	COLLEGE CONTACT PHONE #

Please indicate an entrée choice for each attendee at the Friday Night Banquet - Chicken, Beef or Vegetarian (One choice per person).

Student Names (First and Last Names)	C	B	V	Faculty (First and Last Names)	C	B	V
1.				1.			
2.				2.			
3.				3.			
4.				4.			
5.				5.			
6.				6.			
7.				7.			
8.				8.			
9.				9.			
10.				10.			
11.				11.			
12.				12.			
13.				13.			
14.				14.			
15.				15.			
16.				16.			
17.				17.			
18.				18.			
19.				19.			
20.				20.			
21.				21.			
22.				22.			

List any other dietary restrictions here:

Name	Restriction

Total number of students and faculty: _____ Attendees x **\$85** each = \$ _____ (no refunds past Nov 5)

Total number attending Friday Banquet only: _____ attendees x **\$55** each = \$ _____