



Scandinavian Centre School Program

"Everyone wants to be a Viking"

Please print and complete in FULL using a black pen or use our on line form at: www.scandinaviancentre.ca

SCHOOL NAME: _____ Grade: _____

STREET ADDRESS: _____

CITY/TOWN: _____ POSTAL CODE: _____

SCHOOL PHONE: _____ - _____ SCHOOL FAX: _____ - _____

TEACHERS NAME: _____
FIRST NAME LAST NAME

TEACHER'S E-MAIL ADDRESS: _____

ATTENDANCE: # OF STUDENTS _____ # OF TEACHERS/CHAPERONES: _____

COST PER STUDENT: \$3.50 each, Adults – N/C AMOUNT REMITTED: \$ _____

PROGRAM DATES:

Fall 2017: Mon.Oct.16, Tues.Oct.17, Wed.Oct.18 & Thurs.Oct.19

Spring 2018: Mon. May 7, Tues. May 8, Wed. May 9, Thurs. May 10, Friday May 11

Sessions begins at 9:30 am or 10:00 am. Please confirm your arrival time below

Please indicate your first and second day/date choice. Afternoon sessions available upon request.

Choice One: Day _____ @time: _____ Choice Two: Day _____ @ time: _____

PLEASE INDICATE ANY SPECIAL NEEDS. The facilities are wheelchair accessible.

Please Note:

- Full payment may be personal cheque, school cheque or money order payable to the Scandinavian Centre
- Full payment is required with your registration form two weeks prior to the program
- In the event of cancellation, your payment will be refunded less a \$25.00 administration fee
- Confirmations will be sent via email and receipts will be distributed on site

Scandinavian Centre
School Program Registrar
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