## Phone: Name: Payment Enclosed Special dietary or mobility needs: If yes, pickup location; Arriving by (circle): Car ☐ Friday morning (local - no fee) ☐ Thursday (local) □ Wednesday (local) City Address Do you need transport to St. John's Air/Bus arrival time & location: If by air. Airline: □ Tuesday (local) Monday evening (local - no fee) Registering for Prov. & Postal Code: College from airport or bus station? Email (please fill out one per person) Registration Form □Yes Air Bus Phone: City: Payment Enclosed Special dietary or mobility needs: If yes, pickup location; Air/Bus arrival time & location: If by air. Airline: Arriving by (circle): ☐ Friday morning (local - no fee) □ Tuesday (local) Monday evening (local - no fee) Registering for: Email Prov. & Postal Code Address Name: College from airport or bus station? Do you need transport to St. John's Thursday (local) ☐ Wednesday (local) (please fill out one per person) Registration Form □Yes Car Air Bus D Full City Address Name: Payment Enclosed Special dietary or mobility needs: If yes, pickup location; Air/Bus arrival time & location: If by air. Airline: Arriving by (circle): Car Air Bus ☐ Friday morning (local - no fee) Thursday (local) □ Wednesday (local) □ Tuesday (local) ■ Monday evening (local - no fee) Registering for: Phone: Prov. & Postal Code College from airport or bus station? Email Do you need transport to St. John's (please fill out one per person) Registration Form