



UNIVERSITY OF TORONTO
Greek Students' Association



GSA MONTREAL 2018 REGISTRATION

Name: _____ Signature: _____ Age: _____

Address: _____ City/Town: _____

Province: _____ Postal Code: _____

Phone #: _____

Email Address: _____

Room Type (Quad, Triple, Couple): _____

Have you chosen other roommates? _____

If so, who will be your roommates [up to 4 total per room]: _____

Preferred T-Shirt Size (S, M, L, XL) ? _____

How did you hear about the trip? _____

One person per room will need to leave their credit card information at the Hotel. Which roommate will this be? _____

* By signing this registration form, I hereby acknowledge that this deposit in the amount of \$100.00, is non-refundable and that I am 18 years of age or older. *

_____	_____
Signature	Date
The information within this box may only be filled out by a member of our Executive Council.	