

Yes, we would like to book the Water Smart Program!

Step 1: Complete contact information

Name of School:	School Email:		
Teacher's Name:	School Address:		
Teacher's Mobile Phone:			
Phone: Fax:	City: Postal Code:		
Step 2: Select your preferred event date			
1 st Choice:	2 nd Choice:		

Step 3: Select event type required

	Water Smart Program	Standard School Booking	2020 WAVES DAYS
	(9:30am arrival)	(11:00am arrival)	(June 12, 15, 16, 22)

Step 4: Indicate approx. # of people attending in chart

Please Note: During "No Waves Days" the pool will operate without waves during the Water Play time. To ensure student safety, swim tests will be conducted for access to the deep end of the pool.

All supervisory support is free under the following guidelines:

JK-Grade 5: One supervisor per four students Grade 6-8: One supervisor per ten students Additional Supervisor Support: \$13.50 + HST

Please note: Parties (i.e. siblings, bus drivers, parents) who are not attending the Watersmart program, are required to pay regular entry fees and are not permitted entry until the Watersmart classes are complete at 11:15am.

Step 5: Send scan of form and cheque to:

Scan and email or fax this completed form and a copy of a \$200.00 deposit cheque to:

Thomas.To@conservationhamilton.ca or 905-561-2297

Step 6: Write and mail deposit cheque to:

Payable to: Hamilton Region Conservation Authority **Mail to:** Wild Waterworks, 680 Van Wagners Beach Road Hamilton, ON, L8E 3L8 Attention: Thomas To

Class	# Students	# Classes	# Supervisors
JK / K			•
1			
1 & 2			
2			
2 & 3			
3			
3 & 4			
4			
4 & 5			
5			
5 & 6			
6			
6 & 7			
7			
7 & 8			
8			
Totals:			

2020 **NO WAVES DAYS** (June 10, 11, 17, 18, 19, 23, 24)

Step 7: Pay the remaining balance with a method below

	Please prepare a final invoice and send it to our
	school after the event

I will bring a cheque/credit card/cash on the day of our event to pay the remaining balance

OFF	ICE USE ONLY	Confirmation #:	Notes:	
	Deposit Received	Amount:	Date Received:	Hamilton Conservation Authority
	Full Payment Receive	ed Amount:	Date Received:	A Healthy Watershed for Everyone