

Mushroom Tour Registration & Ticket Purchase

Name _____ Address _____

Home Phone _____ Fax _____ Email _____

Work _____ Preferred(Ticket Purchase) By Email

Cell _____ Telephone

Pick up at Office

OR Fax

TOUR
Name of Tour _____ Date _____ Time _____ Amount _____

TOUR
Name of Tour _____ Date _____ Time _____ Amount _____

TOUR
Name of Tour _____ Date _____ Time _____ Amount _____

TOUR
Name of Tour _____ Date _____ Time _____ Amount _____

TOUR
Name of Tour _____ Date _____ Time _____ Amount _____

TOUR
Name of Tour _____ Date _____ Time _____ Amount _____

TOUR
Name of Tour _____ Date _____ Time _____ Amount _____

Visa Or MasterCard # _____ Expiry _____

Cardholder Name _____ Signature _____

Cheques made payable to: Shuswap Lake Wild Mushroom Festival

Mailing Address: P.O. Box 969, Sicamous B.C. VOE 2VO • PHONE# 250-836-2220 Fax 836-2278

Email: narrows@telus.net • Web: www.fungifestival.com

SPECIAL COMMENTS :

Cancellation Policy: one week prior to tour
Receipt & Tour Ticket # will be Emailed, Faxed or Mailed to you