

**Colborne Cramahe
APPLE BLOSSOM TYME FESTIVAL 2008**

ADULT TEAM SPELLING BEE FOR CHARITY

ENTRY FORM

To register your team of three adults for the Spelling Bee, please return this form by May 16 to:

**Team Spelling Bee
APPLE BLOSSOM TYME FESTIVAL
P.O. Box 207, Colborne
Ontario K0K 1S0**

Team Name _____

Charity _____

Team Captain _____

Address _____

_____ Phone _____

Please fill out the following for each Spelling Team member:

Name _____

Address _____

_____ Phone _____

Name _____

Address _____

_____ Phone _____

The personal information provided in this form is considered private and will not be used for any other purpose. The Apple Blossom Tyme Festival, their directors and volunteers, the property owners and the Municipality of the Township of Cramahe will not be responsible or liable in any way for any accident, injury, loss or damage to any person or property as a result of participating in Apple Blossom Tyme 2007.

Any questions? Call **905-344-7845** or e-mail **info@AppleBlossomTyme.com**