



REGISTRATION FORM

NAME: _____

ADDRESS: _____

CITY: _____

POSTAL CODE: _____

PHONE NUMBER: _____

E-MAIL: _____

DATE OF BIRTH: _____ (MONTH / DAY / YEAR) _____

DIETARY REQUIREMENTS:

ALLERGIES:

EMERGENCY CONTACT:

PHONE:

CURRENT MEMBER OF SPORTABILITY: YES NO

DETAIL EVENT INFORMATION (ATHLETES ONLY)

Event information (Must be completed)

BC1 PRINT NAME _____

ASSISTANT Name for BC1 _____

BC2 PRINT NAME _____

BC3 PRINT NAME _____

ASSISTANT Name for BC3 _____

BC4 PRINT NAME _____

BC5 PRINT NAME _____

OPEN PRINT NAME _____

NAME OF TEAM (PROVINCE) – yes or no _____

COACH - _____

LOCAL TEAM PLAY yes no

LOCAL PAIRS yes no

(A detailed playing schedule or draw will be posted in January once all entries have been received)

