

HAZELRIDGE SPORTS COMPLEX SPORTS REGISTRATION FORM

Family Name: _____

Parent/Guardians Names: _____

Full Mailing Address: _____

_____ Municipal # _____ Road # _____

Telephone Numbers @ home: _____

work: _____

Email Address(es): _____

NAME OF CHILD(REN) & PROGRAM(S)

Child's Name: _____ Program: _____

Canteen \$100 Bond Cheque Rec'd YES
Post-dated Fundraising Cheque Received: YES or NO

Fundraising Buyout: _____

Canteen Bond : _____

Family Membership Fee: _____

Program Fee: _____

Other: _____

TOTAL DUE: _____ (Cash or Cheque)

Cheques Received: Cheque #: _____ Amount: _____ Date: _____

Cheque #: _____ Amount: _____ Date: _____

Cheque #: _____ Amount: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

THANK YOU FOR BEING A MEMBER OF HAZELRIDGE SPORTS COMPLEX!