

Community Association (West Zone) REGISTRATION FORM

REGISTRATION
NUMBER

1850

INSTRUCTIONS

1. This form has been designed to help make program registrations easier. Please **DO NOT FILL OUT THE SHADED PORTION** of this form.
2. Association memberships are required for participation in all community sponsored activities. If you already have a valid membership card, please put the card number in the blank provided beside the membership card# section (A).
3. List separately, starting in section B to D, the programs which you and your family wish to participate in.
4. Fill in your name, address, phone number(s) & then check off the activities which you will assist with. Please volunteer to help, if you can, as without volunteers there cannot be programs.
5. Take the completed registration form to the appropriate table(s) where you will be officially registered and class details will be filled in.
6. Please make Cheques Payable to the appropriate Community Association.
7. The cashier will provide you with a copy of this form, which is your program confirmation slip/receipt.
8. Programs are subject to change of: time/location/availability of space.

Your Name _____ Address _____ Postal Code _____ Phone: (home) _____ (Cell) _____ (Business) _____ E-mail Address _____ <div style="text-align: center;"> MEMBERSHIP CARD# _____ /Fee _____ </div> I Will Assist With <input type="checkbox"/> Executive <input type="checkbox"/> Community Planning <input type="checkbox"/> Supervising <input type="checkbox"/> Newsletter <input type="checkbox"/> Instructor <input type="checkbox"/> Arts/Crafts <input type="checkbox"/> Other _____ <input type="checkbox"/> I would like to find out more about how I can help. Please have someone call me.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">A</td><td style="text-align: center;">.</td></tr> <tr><td style="text-align: center;">B</td><td style="text-align: center;">.</td></tr> <tr><td style="text-align: center;">C</td><td style="text-align: center;">.</td></tr> <tr><td style="text-align: center;">D</td><td style="text-align: center;">.</td></tr> <tr><td style="text-align: center;">\$</td><td style="text-align: center;">.</td></tr> </table> <div style="text-align: center; border: 1px solid black; padding: 5px;"> CASH/CHEQUE X _____ (Cashier's Signature) </div>	A	.	B	.	C	.	D	.	\$.
A	.										
B	.										
C	.										
D	.										
\$.										

RECEIPT

Program Name _____ Age Group _____ Registrant's Name _____ Reg'n. Fee/Cost _____ <small>(Family) (Given Names)</small>	◀ B
Starting Date _____ To _____ Time _____ Location _____ Contact _____ Phone _____ Spec. Eqpmt./Material Req'd. _____	

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