



JOHN M. S. LECKY
UBC BOATHOUSE

TEAM REGISTRATION FORM

All fields are required

COMPANY _____

TEAM NAME _____

ADDRESS _____

TEAM CAPTAIN _____

TEL/FAX _____

EMAIL _____

PAYMENT METHOD CASH CHEQUE VISA MASTERCARD

CARD # _____ EXPIRY _____

CHOOSE A PRACTICE SCHEDULE

- A. Mondays and Wednesdays 5:30-7:00
- B. Monday and Wednesdays 7:00-8:30
- C. Tuesdays and Thursdays 5:30-7:00
- D. Tuesdays and Thursdays 7:00-8:30
- E. Saturday and Sunday 9:00-10:30
- F. Saturday and Sunday 10:30-12:00
- G. OTHER. Please specify:

ROSTER

	NAME	* EMAIL ADDRESS
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____

*Email addresses provided by participants will only be used for regular communication with respect to CCRC and related programs.

PLEASE FAX OR EMAIL FORM TO:

F: **604-247-2627**

E: **SABRINA@HUDSONDEVELOPMENT.CA**

