

To register by FAX or MAIL, complete this form & send it in.
Please call to confirm that your registration has been received.

FAX **250-338-8600**
MAIL Lewis Centre
489 Old Island Highway
Courtenay, BC
V9N 3P5

Main Contact Information

Name: _____ Birthdate: _____

BC Care Card #: _____ Allergies/Medical Conditions: _____

Mailing Address: _____ City: _____

Postal Code: _____ Home Phone #: _____ Work #: _____

EMAIL _____ Family Doctor/phone #: _____

Family Members

Name: _____ Birthdate: _____

BC Care Card #: _____ Allergies/Medical Conditions: _____

Name: _____ Birthdate: _____

BC Care Card #: _____ Allergies/Medical Conditions: _____

Name: _____ Birthdate: _____

BC Care Card #: _____ Allergies/Medical Conditions: _____

Registration Information

Participant's Name: _____

Program: _____

Time: _____ Start Date: _____

Program Fee: \$ _____

Participant's Name: _____

Program: _____

Time: _____ Start Date: _____

Program Fee: \$ _____

Participant's Name: _____

Program: _____

Time: _____ Start Date: _____

Program Fee: \$ _____

Participant's Name: _____

Program: _____

Time: _____ Start Date: _____

Program Fee: \$ _____

Total Fees: \$ _____ + 5% GST (until June 30, if over 14 yrs) or 12% HST (effective July 1st, if over 14 yrs): \$ _____ = **TOTAL:** \$ _____

Payment: (Must be included with your registration) () Cheque () Visa () MC
Credit Card #: _____ Expiry Date: _____

Cardholder's Name: _____

Phone #: _____