

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

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: _____	Participant's Name: _____
Program: _____	Program: _____
Time: _____ Start Date: _____	Time: _____ Start Date: _____
Program Fee: \$ _____	Program Fee: \$ _____
Participant's Name: _____	Participant's Name: _____
Program: _____	Program: _____
Time: _____ Start Date: _____	Time: _____ Start Date: _____
Program Fee: \$ _____	Program Fee: \$ _____

Total Fees: \$ _____ + 12% HST (if over 14 yrs): \$ _____ = TOTAL: \$ _____

Payment: (Must be included with your registration) () Cheque () Visa () MC
 Credit Card #: _____ Expiry Date: _____
 Cardholder's Name: _____
 Phone #: _____