

To register by FAX or MAIL, complete this form & send it in.
Please call to confirm that your registration has been received.
FAX: Lewis Centre 250-338-8600

MAIL:
Lewis Centre, 489 Old Island Hwy
Courtenay, BC V9N 3P5
Filberg Centre, 411 Anderton Ave
Courtenay, BC V9N 6C6

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: _____
Bar Code: _____ Program Fee: _____	Bar Code: _____ Program Fee: _____
Participant's Name: _____	Participant's Name: _____
Program: _____	Program: _____
Time: _____ Start Date: _____	Time: _____ Start Date: _____
Bar Code: _____ Program Fee: _____	Bar Code: _____ Program Fee: _____

Total Fees: \$ _____ + 5% GST (if over 14yrs): \$ _____ = TOTAL: \$ _____

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



Registration Information - Extra page

Participant's Name: _____

Program: _____

Time: _____ Start Date: _____

Bar Code: _____ Program Fee: _____

Participant's Name: _____

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