FALL 2010
DOUGLAS COLLEGE BASKETBALL ACADEMY
Registration Form

HEY, SIGN ME UP!

Please print:

Surname: _____ First Name: _____

Address: _____ Apt. #: _____

City: _____ Province: _____ Postal Code: _____

Phone: Home: _____ Work: _____

Email: _____ *Circle one:* Male Female

Date of Birth: dd / mm / yy _____ / _____ / _____

8 – 14 years

Location: **Douglas College Gymnasium, New Westminster**

Dates and times: **2 - 4 pm, Sundays, Sept 26 – Dec 5, 2010**
(no classes Oct 10th or Oct 31st)

Registration Fee: **$99.00**

Method of Payment: *please tick one box*

- ❑ Cheque enclosed, payable to **Douglas College**
- ❑ VISA ❑ MasterCard

Card # _____ Expiry Date: _____

Name on Card: _____ Signature: _____

Mail to:
Maria Morse, Program Assistant
CCL, Douglas College
PO Box 2503
New Westminster, BC V3L 5B2

Fax to:
Maria Morse – 604 – 527-5032
Tel:
604 – 527-5757

Walk-in:
Room 1300E
Douglas College
700 Royal Ave
New West

OFFICIAL USE ONLY

Semester: _____ ❑ Registered & Paid in Full

CRN(s): _____

_____ _____

Program Signature Date Registration Clerk Signature Date