



Box 808, 34 Victoria Street • Chesterville • Ontario • K0C 1H0 • 613.240.9016

Membership Form

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Name: _____
Address: _____
City: _____ Province: _____ Postal Code: _____
Phone Number: _____
Email Address: _____
Birthdate: _____

Any information on this form is for our database only; it will never be sold or made available to any other party. On occasion, we may wish to publish a photograph of you on the website if you participate and/or place in a tournament. Is this acceptable to you? Yes _____ No _____

Signature: _____
(if under the age of 18, signature or parent or guardian)

If you have any health concern that we should know about, please mention them below.

Print this form off and mail it to us, or you can email it to us, or you can drop it off when you come to play.
info@hintonburgbc.ca