

PLEASE PRINT

LAST NAME		FIRST NAME																					
ADDRESS																							
CITY/TOWN																							
POSTAL CODE	HOME PHONE	BUSINESS PHONE																					
E-MAIL																							
AGE	DATE OF BIRTH		Male <input type="checkbox"/> Female <input type="checkbox"/>																				
PARENT/GUARDIAN <b>FULL</b> NAME IF PARTICIPANT UNDER 18 YRS LAST NAME _____ FIRST NAME _____																							
ADDRESS: Same as participant YES <input type="checkbox"/> NO <input type="checkbox"/>																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #f2f2f2;"> <th style="width: 35%;">PROGRAM/LESSON NAME</th> <th style="width: 10%;">BARCODE</th> <th style="width: 10%;">DAY</th> <th style="width: 10%;">TIME</th> <th style="width: 10%;">SESSION</th> <th style="width: 15%;">FEE</th> </tr> </thead> <tbody> <tr> <td>Program Name</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Program Name</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						PROGRAM/LESSON NAME	BARCODE	DAY	TIME	SESSION	FEE	Program Name						Program Name					
PROGRAM/LESSON NAME	BARCODE	DAY	TIME	SESSION	FEE																		
Program Name																							
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ONE CHEQUE PER REGISTRATION PAYABLE TO:																							
CITY OF Port Colborne Community Services Department																							
<p><b>*Note: \$25.00 fee for N.S.F. cheques</b></p>		Date _____ MC <input type="checkbox"/> VISA <input type="checkbox"/> DEBIT <input type="checkbox"/> *CHEQUE <input type="checkbox"/> CASH <input type="checkbox"/> Card # _____ Exp. _____ PROGRAM FEE _____		<p style="color: red; text-align: center;"><b>Please include your Online PIN Number:</b></p> <p style="text-align: center;">_____</p> <p style="text-align: center;">If you do not have a PIN, one will be created for you.</p>																			
Telephone: 905 – 834 – 1668 • Fax: 905 – 834 – 2072 • portcolborne.ca																							

Completed forms may be dropped off at the Vale Health and Wellness Centre OR Roselawn Centre Box Office.

Personal information on this form is collected under the authority of Section 11 the Municipal Act, 2001 and pursuant to the Municipal Freedom of Information and Protection of Privacy Act and will be used only for recreation program registration purposes. Questions regarding the collection of personal information should be directed to the City Clerk at 66 Charlotte Street, Port Colborne, Ontario L3K 3C8.