

Dovercourt Recreation Centre REGISTRATION FORM

Fax: 613-729-1279

Drop Box: Upstairs Lobby, near front door

FULL PAYMENT must accompany all registrations.

NON-RESIDENT FEE of 20% per registration must be added to all program registrations.

Family Account Main Contact

Name:

Home Phone:

Work Phone:

Cell:

Fax No:

email:

Address:

In emergency, contact:

Participant's Name

Date of Birth:

If participant has special medical concerns, please list:

Program Name:

Day

Time

Session

Fee

1st Choice:

2nd Choice:

3rd Choice:

Method of Payment

- Cheque Enclosed (drop-box only)
- VISA:
- MC:
- AMEX:

Card No:

Card Holder Name:

Expiry Date:(mm/yy)

Charge Amount:

Signature:

NOTE We will call to confirm your registration.

Other information you would like us to know.

For Office Use Only

Date processed:

Processed by:

- Spoke to client
- Left Message
- Faxed back receipt