

Castaways F.C. Registration Form

Team: _____	Div _____
Last Name: _____	First Name: _____
Address: _____	
Postal Code: _____	Phone Number: _____
E-mail address: _____	
Birth date: _____	Player Id #: _____

The above information is being collected for the purpose of registering you with your respective soccer league (VISL or LIWSA) and the BC soccer association. With your permission it will also be used to make a membership list of the entire soccer club. This list will only be made available to members of the executive for use in communicating information about upcoming events, important notices, problems with registration etc. Please check below if you agree to your information being used in a membership list.

I agree to my information being used to make a membership list, with the understanding that my information will only be used by the executive to give me information about upcoming events, and important notifications.

The registration fee is \$200. Please indicate method of payment from options below by using a check mark:

\$200 Cheques Cheque #:_____

Two \$100 Cheques: Cheque #:_____

Post dated for Oct. 15th Cheque #:_____

\$200 Cash_____

\$100 Cash_____ \$100 post dated cheque Cheque #:_____

Important: We (the executive) will consider requests for partial refunds of registration fees **prior to November 30th** . Requests for refunds must be made in writing or sent by e-mail to the registrar, Sara Healing, before November 30th . After November 30th , **NO** requests for refunds will be considered.

If you have chosen the option of paying by post dated cheque please be informed that you will not be considered a Castaways member until we have received full payment. If your post dated cheque happens to bounce you will become ineligible to play in any further games until such time as your dues are paid in full.

I have read and understand the above information.

Signature_____ Date_____