



## REGISTRATION FORM

Name: \_\_\_\_\_  
*Last* *First*

Birth date:      /      /           Current Grade: \_\_\_\_\_      Gender:  Male  Female  
*dd*    *mm*    *yy*

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Parents/Guardian Name: \_\_\_\_\_

Phone (h): \_\_\_\_\_ (w): \_\_\_\_\_ (c): \_\_\_\_\_

Email Address: \_\_\_\_\_

School Currently Attending: \_\_\_\_\_ Paid \$ \_\_\_\_\_ (\$140 Chq or Cash)  
*\*Please make cheque payable to Basketball PEI.*

Allergies / Medical Problems:  Yes  No If Yes, Please Explain: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Tel: \_\_\_\_\_

**Mail to:** PO Box 302 | Charlottetown, PE | C1A 7K7  
**Contact:** Tel: 902.368.4986 | Fax: 902.368.4548  
**Email:** [smarchbank@basketballpei.ca](mailto:smarchbank@basketballpei.ca)

For more information on Basketball PEI programs/events, please visit our website at

[www.basketballpei.ca](http://www.basketballpei.ca)