



ESSA 2020-2021 Registration Form

OFFICE USE ONLY	
Processor	
Paid	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Cheque #	

Participant Information

First Name			
Last Name			
Birthdate			
Street Address			
City		Postal Code	
Phone		Gender	F / M
Email			
Program	<input type="checkbox"/> Advanced (\$1050) <input type="checkbox"/> Intermediate (\$750) <input type="checkbox"/> Affiliate (\$200)		

Guardian 1 Info (If address differs from above, write on back of form)

First Name		Last Name	
Phone			
Email			
<input type="checkbox"/> \$25 Associate Membership (minimum 1 per family)			

Guardian 2 Info (If address differs from above, write on back of form)

First Name		Last Name	
Phone			
Email			
<input type="checkbox"/> \$25 Associate Member (minimum 1 per family)			

Emergency Contact Information (If a guardian cannot be reached)

Full Name			
Relationship			
Phone		Email (optional)	

Total Fees \$ _____

Signature _____ Date _____