## www.sbmc.net

## South Burnaby Metro Club - Dedicated to Youth

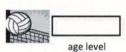
Clubhouse - 6550 Bonsor Avenue - Burnaby, BC - V5H 3G4
Mailing address: PO Box 72022 - 4429 Kingsway, Burnaby, BC V5H 4P9

REGISTRATION FORM & CHILDREN'S FITNESS TAX CREDIT









Boy [ ] Girl [ ]	Soccer	Baseb	all Bask	ketball	Volleyball		
Player Registration Information  Last Name		New First Name	Returning	Charles County Indian State of Charles	eason ate of Birth dd/mmm/yy		
Address		City		P	ostal Code		
School Attending		Grade		Medical Concerns			
Primary Contact Name		Parent/Guar	dian Contact Inform	THE PERSON NAMED IN	hone Number		
mary contact name					none number		
Secondary Contact Name		Email Address		P	Phone Number		
		Volunteer Po	sitions	64,760			
Head Coach	Assistant Coach	□ Te	eam Manager	Contact n	ne about other positions		
The second of th	and the state of t	outh Burnaby Metro Club			must be paid before my child will dishonoured cheques at the sole	Contract of the Contract of th	
Parent/Guardian S	ignature: X			E.	Date:		
		Notes and Co	mments		4 74 6		
	Children's Fitness	Tax Credit Receip	t (must be age 16 o	r younger to b	oe eligible)		
Program/Activity:	SOCCER [ ] BAS	EBALL [ ] BAS	KETBALL [ ] VO	LLEYBALL [ ]	YEAR:		
Registration Fee:	Amount Paid:	Cash Ch	eque # Visa	MC D	ate Paid:		
Eligible Fees for Child	dren's Fitness Tax Credit	:	Authorizing	g Signature:			
		Team Assigni	ment Information				
Team Assigned		Di	vision	Coach			