

Dragon Zone Practice Club

2010 Team Registration Form (Page 1 of 2)

A. Team Information

TEAM NAME	TEAM MANAGER	
ADDRESS	CITY	POSTAL CODE
()	()	
DAY PHONE	EVENING PHONE	
EMAIL#1 (mandatory) ¹	EMAIL #2	

B. Practice Package Information

Please select your package options:

- 1) Check appropriate boxes.
- 2) Enter the date of your first practice.²

Category: Adult Junior/Senior

Package: Jan-Dec Jan-June Jul-Sep

Times per week: 1x per week 2x per week 3x per week

Date of 1st practice: (mandatory)²

--	--	--	--	--	--	--

C. Practice Days And Time

Please select your practice options:

- 1) Look at available days & time options on the right.
- 2) Fill in the time of your practice under the corresponding day.

DAY	MON	TUE	WED	THU	FRI	SAT	SUN
TIME							

Available Time Slots³

DAY	TIMES		
MON	4:30 pm	6:00 pm	7:30 pm
TUE	4:30 pm	6:00 pm	7:30 pm
WED	4:30 pm	6:00 pm	7:30 pm
THU	4:30 pm	6:00 pm	7:30 pm
FRI	4:30 pm	6:00 pm	7:30 pm
SAT	8:30 pm	10:00 pm	11:30 pm
SUN	8:30 pm	10:00 pm	11:30 pm

¹ Most correspondence will be done via email – please ensure you are able to access email to keep your team(s) informed.

² Dragon Zone will be fully staffed once teams begin their seasons. Please help us to ensure that the club is open for your first practice by keeping us advised of your first practice date.

³ Times are approximate.

TITLE SPONSOR



OFFICIAL RACE SPONSOR


 OFFICIAL SITE SPONSOR
& FOUNDING SPONSOR


Turn over to continue >

Dragon Zone Practice Club

2010 Team Registration Form (Page 1 of 2)

D. Payment Information

Please select your payment options:

- 1) Fill in how you want the payment to be paid.
- 2) Fill in the amount(s) to be paid.
- 3) Package Fees can be found on page 2 of the information package.

15% Discount Rate (Before October 15, 2009)

15% DISCOUNT = _____ BASE = _____ GST⁴ = _____ TOTAL = _____

*Note: If registering prior to October 15, 2009 – please calculate your base fee less 15%
For example: (Base fee x 85%) x 1.06 (GST⁴) = Your Total*

Regular Rate (After October 15, 2009)

PACKAGE COST = _____ BASE = _____ GST⁴ = _____ TOTAL = _____

E. Form of Payment

Please select your form of payment:

VISA
 MASTERCARD
 CHEQUE⁵
 CASH⁶

CARD NUMBER

NAME ON CARD

EXPIRY DATE

SIGNATURE

Damage Deposit= \$150.00

Roll Over? YES NO

50% Upon Registration = _____ 50% on March 15, 2009 = _____

I would like to make the entire payment upon registration: YES NO

INTERNAL USE ONLY

M	M	D	D	Y	Y
---	---	---	---	---	---

DATE RECEIVED

M	M	D	D	Y	Y
---	---	---	---	---	---

DATE PROCESSED

CHEQUE NUMBER

BANK

PROCESSED BY

⁴ GST registration #R128714284.

⁵ Make cheques payable to:
Canadian International Dragon Boat Festival Society (CIDBFS). A charge of \$25 will be levied on all NSF cheques.

⁶ Cash payments in person only. DO NOT mail cash.