



# SHORT TERM PROGRAM REGISTRATION FORM

**Club:** \_\_\_\_\_  
**Name of Program:** \_\_\_\_\_  
**Description:** \_\_\_\_\_  
  
**Location:** \_\_\_\_\_  
**Dates:** \_\_\_\_\_

	Last Name	First Name	Date of Birth	Address	City	Postal Code	Telephone #
			yyyy-mm-dd			XXX XXX	XXX-XXX-XXX
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

(use additional sheets to report additional participants)

\_\_\_\_\_  
 Club Representative (print)

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**Total # of participants**  
**Participant fee**            \$10  
**Total fee due to Judo BC**