

To be completed by residents of Meaford only

NON-RESIDENT MEMBERSHIP REGISTRATION FORM

(living outside of the City of Owen Sound – Policy CS19)

\$100.00 per child per Field/Floor Sport

Entitles registration for Specialty Camps

PARENT/GUARDIAN NAME

Parent/Guardian Name:

Address:

City/Town:

Postal Code:

Home Tel #:

Work Tel #:

Municipality/Township: MEAFORD

Email:

I/We acknowledge that this form provides proof of residency and the balance of the applicable Non-Resident fees will be paid by the Municipality of Meaford to the City of Owen Sound.

Parent/Guardian Signature: **X**

CHILD #1	SPORT	COST
Child's Name:	<input type="checkbox"/> Minor Baseball	
	<input type="checkbox"/> Minor Lacrosse	
Date of Birth: <i>(MM/DD/YY)</i>	<input type="checkbox"/> Minor Soccer	
<input type="checkbox"/> Male <input type="checkbox"/> Female	CARD #	

Sub-total: \$

Less: Meaford Subsidy @ 90% \$ ()

Payable by Resident: \$

CHILD #2	SPORT	COST
Child's Name:	<input type="checkbox"/> Minor Baseball	
	<input type="checkbox"/> Minor Lacrosse	
Date of Birth: <i>(MM/DD/YY)</i>	<input type="checkbox"/> Minor Soccer	
<input type="checkbox"/> Male <input type="checkbox"/> Female	CARD #	

Sub-total: \$

Less: Meaford Subsidy @ 90% \$ ()

Payable by Resident: \$

FOR OFFICE USE ONLY

CASH/CHQ A \$40 charge will apply for an NSF cheque **TOTAL PAID BY RESIDENT** \$

DEBIT MASTERCARD VISA **TOTAL TO BE PAID BY MEAFORD** \$

* Payment information only needs to be completed if faxing or emailing the registration form.

Credit Card #:	Expiry Date:
Signature:	Date: