

To be completed by residents of Meaford only

NON-RESIDENT MEMBERSHIP REGISTRATION FORM

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

\$167.00 per child per Ice Sport

Entitles registration for Day Camp, Swimming Lessons & 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"/> Girls Hockey	
		<input type="checkbox"/> Minor Hockey	
Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> O.S. Skating Club	
(MM/DD/YY)		<input type="checkbox"/> Ringette	
		CARD #	
		Sub-total:	\$
		Less: Meaford Subsidy @ 90%	\$ ()
		Payable by Resident:	\$

CHILD #2		SPORT	COST
Child's Name:		<input type="checkbox"/> Girls Hockey	
		<input type="checkbox"/> Minor Hockey	
Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> O.S. Skating Club	
(MM/DD/YY)		<input type="checkbox"/> Ringette	
		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: