

To register by FAX or MAIL, complete this form & send it in.  
**Please call to confirm** that your registration has been received.  
FAX: Lewis Centre, 250-338-8600

MAIL:  
**Lewis Centre**, 489 Old Island Hwy  
Courtenay, B.C. V9N 3P5  
**Filberg Centre**, 411 Anderton Ave  
Courtenay, B.C. V9N 6C6

### Main Contact Information

**Name:** \_\_\_\_\_ Birthdate: \_\_\_\_\_  
BC Care Card #: \_\_\_\_\_ Allergies/Medical Conditions: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_  
EMAIL \_\_\_\_\_ Family Doctor/phone #: \_\_\_\_\_

### Family Members

**Name:** \_\_\_\_\_ Birthdate: \_\_\_\_\_  
BC Care Card #: \_\_\_\_\_ Allergies/Medical Conditions: \_\_\_\_\_

**Name:** \_\_\_\_\_ Birthdate: \_\_\_\_\_  
BC Care Card #: \_\_\_\_\_ Allergies/Medical Conditions: \_\_\_\_\_

**Name:** \_\_\_\_\_ Birthdate: \_\_\_\_\_  
BC Care Card #: \_\_\_\_\_ Allergies/Medical Conditions: \_\_\_\_\_

### Registration Information

**Participant's Name:** \_\_\_\_\_ **Participant's Name:** \_\_\_\_\_  
Program: \_\_\_\_\_ Program: \_\_\_\_\_  
Time: \_\_\_\_\_ Start Date: \_\_\_\_\_ Time: \_\_\_\_\_ Start Date: \_\_\_\_\_  
Program Fee: \$ \_\_\_\_\_ Program Fee: \$ \_\_\_\_\_

**Participant's Name:** \_\_\_\_\_ **Participant's Name:** \_\_\_\_\_  
Program: \_\_\_\_\_ Program: \_\_\_\_\_  
Time: \_\_\_\_\_ Start Date: \_\_\_\_\_ Time: \_\_\_\_\_ Start Date: \_\_\_\_\_  
Program Fee: \$ \_\_\_\_\_ Program Fee: \$ \_\_\_\_\_

**Total Fees:** \$ \_\_\_\_\_ + 5% GST (if over 14 yrs): \$ \_\_\_\_\_ = **TOTAL:** \$ \_\_\_\_\_

**Payment:** (Must be included with your registration) ( ) Cheque ( ) Visa ( ) MC  
Credit Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
Cardholder's Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_

