Evergreen Squash Junior Program

2010 /2011 Season

Twice a week (Fridays and Sundays) : Beginners/ Novice / Intermediate / Advance

Junior's Complete Name:	Junior's e-mail address (optional):	Birth Date:	Membership #

Parents or guardians Names:	Phone/Cell:	Parents/ Guardian's Email(s)

Junior's Address' +e-mail (optional):	

Emergency Contact:	Phone/Cell:	Relation:

Family Doctor's name:	Phone:	BC Health Card No:

Allergies or health comments:	

FALL WINTER SEASON 2010 /1011

(Sept-March) Jr program: $250 (HST Including) + membership: _____ Total:_____

Ch. No,_____ Bank: _____ Date:_____

Payments only by Checks payable to: EVERGREEN SQUASH CLUB Address: 1802 Glenaire Dr., North Van., V7P1Y1

Delivered by: Mailed to Evergreen ☐ Mail slot directly at the club ☐ Other: ☐ _____

Signature parent/guardian: _____Print Name:_____

Date: _____
Day Month Year

** Please fill up membership and liability forms separately (if new member). Payment can be done in one check