

Membership #:



## PROGRAM REGISTRATION FORM

**Today's Date**

**Program**

**Name (First)**

**Last**

<input type="text"/>	<input type="text"/>
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**Date of Birth (DD/MM/YYYY)**

**Email (Note: Your email is used to confirm registration and receive program updates.)**

**Phone**

**Address**

**Street address**

**Postal Code**

**Ekota/Menisa/Satoo or other**

<input type="text"/>	<input type="text"/>
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**Emergency Contact (Name & Phone)**

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**Any other information you think we should know about?**

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**How did you hear about the program? (Circle one)**

<b>FaceBook</b>	<b>Twitter</b>	<b>Website</b>	<b>Friend</b>
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**Would you like to receive information from us?**

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