

**Township of North Glengarry
Learn to Play Pickleball**

PARTICIPANTS INFORMATION

First Name:	Last Name:
Home Address:	
Home Phone:	City:
Postal Code:	Cell Phone:
Email:	
Are you a <input type="checkbox"/> Beginner or <input type="checkbox"/> Intermediate	

EMERGENCY CONTACT INFORMATION

Name:
Home Phone:
Cell Phone:
Address:

ACKNOWLEDGMENT

Print Name:	
Signature:	Date:

OFFICE USE ONLY

Registered By:	Registration Date: dd / mmm / yyyy
Paid by : <input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE	
Withdrawal Date: dd / mmm / yyyy	Office Signature: