

2024 OAK BAY RECREATIONAL TEAM REGISTRATION INFORMATION

New Team Returning Team

Please indicate your first and second choice for the desired evening of play.
We will assume that your team is not available to play on the evenings that are not indicated.

MONDAY - 1 2 3 4 **TUESDAY** - 1 2 3 4 **WEDNESDAY**- 1 2 3 4 **THURSDAY**- 1 2 3 4

Team Name: _____

Team Contact: _____

Phone Number: _____ **Email:** _____

Alternate Team Contact Name & Phone (most likely to be reached the afternoon you play): _____

| NAME | HOME /CELL PHONE # | EMAIL |
|------|--------------------|-------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |
| 9. | | |
| 10. | | |
| 11. | | |
| 12. | | |
| 13. | | |
| 14. | | |
| SUBS | | |
| 15. | | |
| 16. | | |

Method of Registration Payment (No cash please): **Cheque** **Visa** **MasterCard** **AMEX**

Please make Cheques payable to "The Corporation of the District of Oak Bay".

Card Number: _____ Expiry Date: _____ CVV _____

Name on Card: _____ Phone Number of Card Holder _____

Credit Card Payment

\$999.00 Balance will be charged by March 31st, 2024 Date: _____

Card Holder's Signature: _____

Signing for approval to pay by Credit Card authorizes Recreation Oak Bay to charge \$999.00 on March 31st, 2024, to the card information above.

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

Personal information contained on this form is collected under the authority of the Local Government Act and is subject to the Freedom of Information and Protection of Privacy Act. The personal information will be used for purposes associated with the recreation program. Enquiries about the collection or use of information in this form can be directed to the Freedom of Information and Protection of Privacy contact: The Oak Bay Municipal Clerk at 250-370-7416.