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:			Ехр	iry Date:	CVV
Name on Card:	Phone Number of Card Holder				
Credit Card Payment \$1040.00	Balance will l	be charged by Apr	il 4, 2025	Date:	
Card Holder's Signature:					

Signing for approval to pay by Credit Card authorizatizes Recreation Oak Bay to charge \$1040.00 on April 4, 2025, 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.

2024 OAK BAY RECREATIONAL TEAM REGISTRATION INFORMATION