



Badminton Registration Form **(Deadline: March 31, 2018)**

Name: _____

Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

E-mail: _____

Please Check One:

- CDSA Clinic and Tournament (\$20.00 per person)**
(note : That the registration cost will be refunded to you onsite)
- Tournament Only (\$10.00 per person)**

Payment Method: E-transfer to info@albertadeafsports.ca

For Office File:

<u>Date:</u>	<u>Payable:</u>	<u>Signature:</u>