



**Doubles Badminton Registration Form**  
**(Deadline: April 1, 2019)**

**Name #1:** \_\_\_\_\_

**Name #2:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**E-mail (both players):**  
\_\_\_\_\_  
\_\_\_\_\_

**Tournament (\$10.00 per person)**

**Payment Method: E-transfer to [info@albertadeafsports.ca](mailto:info@albertadeafsports.ca)**

**For Office File:**

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