



Lethbridge 5 Pin Bowlers' Association www.leth5pin.com & Holiday Bowl



MEMBERSHIP REGISTRATION - 2014 -2015 SEASON

Bowling Centre: Holiday Bowl

Membership # : _____

All BOWLERS Please complete a Membership Registration Form to receive your new membership

Check one **NEW** Registration *Change Info* **RENEWAL** **TRANSFER**
From: _____

NAME: _____

Please Print

(First Name)

(Initial)

(Surname)

Male
 Female

ADDRESS:

PHONE:

Street or PO Box: _____ Preferred: (_____) _____ - _____ Ext: _____

City / Town: _____ Alt Cell/Work: (_____) _____ - _____

Postal Code: _____ **E-MAIL:** _____

Date Paid: _____

**** LEAGUES** (Please fill in ALL leagues you bowl in - starting with Today's league) **** REQUIRED**

1 _____ # 3 _____

2 _____ # 4 _____

Check	Membership Card Type	Birth Year	Special Combo RATE	Individual Cost or Purchased After October 31st
<input type="checkbox"/>	ADULT (Ages 22-54)	_____	\$18	\$15
<input type="checkbox"/>	SENIOR / YOUTH Senior (55 +) Youth (21 & Under)	_____	\$12	\$ 8
<input type="checkbox"/>	YBC - 5 Pin Membership Only	_____	\$5 - (5 Pin Only)	\$ 6
<input type="checkbox"/>	Proprietor Card Only	_____	\$6	\$ 7

ALL NEW SENIORS & YOUTH MUST PROVIDE THEIR BIRTH YEAR TO RECEIVE THE DISCOUNTED FEE!

Without the Birth Year, you will be issued an ADULT membership

Payment Type **CASH** **CHEQUE** # _____
(Please make cheques payable to **Holiday Bowl**)

***** PLEASE READ & SIGN THE FOLLOWING FOR PERMISSION TO USE YOUR PERSONAL INFORMATION**

By signing below, **I GRANT PERMISSION** to any of the affiliated Local, Provincial & National 5 Pin Bowling Associations, the irrevocable right to collect, use and disclose, at their discretion any information about me and my participation in any event (not limited to information contained in this registration package) for publicity, advertising or other promotion of any event or for the purpose of acknowledging or publicizing my achievement at any event. I understand that this may include written, pictorial or video materials.

PERMISSION REVOKED

Signed: _____ Date: _____

Parent / Guardian Signature if under 18 years old _____

RETURN ABOVE PORTION WITH PAYMENT - RETAIN RECEIPT BELOW FOR YOUR RECORDS

Received from _____ \$ _____

In payment of C5PBA Membership Card in Alberta for the **2014-2015** season.

C5PBA Card # _____ OR **NEW CARD** **2014-15**

CENTRE REP: _____ **DATE:** _____
(Signature)

