



VANCOUVER COLLEGE

2009 ALUMNI BASKETBALL TOURNAMENT REGISTRATION FORM

PARTICIPANT INFORMATION

Participant's Name:		Grad Year:	
Home address:			
City:	Province:	Postal Code:	
Home Phone:		Cell No.:	
Email Address: <i>Please print clearly as we communicate primarily by email.</i>			
T-Shirt Size: <input type="checkbox"/> Adult XXL <input type="checkbox"/> Adult XL <input type="checkbox"/> Adult L <input type="checkbox"/> Adult M <input type="checkbox"/> Adult S			

\$40.00 PAYMENT (DEADLINE JUNE 12, 2009)

CHOOSE A PAYMENT METHOD	<input type="checkbox"/> Cheque (payable to VC Alumni Basketball Tournament)	<input type="checkbox"/> Credit Card
	<input type="checkbox"/> Visa <input type="checkbox"/> Master Card	Card No.:
Cardholder's Name:		Signature:

ADDITIONAL PLAYERS

Participant's Name:		Grad Year:	
CHOOSE A PAYMENT METHOD	<input type="checkbox"/> Cheque (payable to VC Alumni Basketball Tournament)	<input type="checkbox"/> Credit Card	
	<input type="checkbox"/> Visa <input type="checkbox"/> Master Card	Card No.:	Expiry Date:
Cardholder's Name:		Signature:	

ADDITIONAL PLAYERS

Participant's Name:		Grad Year:	
CHOOSE A PAYMENT METHOD	<input type="checkbox"/> Cheque (payable to VC Alumni Basketball Tournament)	<input type="checkbox"/> Credit Card	
	<input type="checkbox"/> Visa <input type="checkbox"/> Master Card	Card No.:	Expiry Date:
Cardholder's Name:		Signature:	

Please submit completed form to Vancouver College:

CREDIT CARD PAYMENTS
 Fax: 604-261-2284
 Mail: 5400 Cartier Street
 Vancouver, BC
 V6M 3A5
 In person to the Main Office
 c/o Mr. JP Planta

CHEQUE PAYMENTS
 Mail:
 #1460 - 1075 West Georgia Street
 Vancouver, BC
 V6E 3C9
 c/o Mike McIsaac