



Men's Volleyball Registration - Winter 2019

1. Fill out the Registration form completely and include your payment details. You are registering as a PLAYER or as a Sub.
2. Email a scan/photo of the completed form to Town of Cochrane **OR** drop in person at the FCSS office:
Registration Office Contact: EMAIL TO Debbie Heinz, debbie.heinz@cochrane.ca. CALL- 403) 851-2534
Office: FCSS (Family Community Support Services), 209-2 Ave W, Cochrane, AB, T4C 2E7, Hours: 8:30 am - 4:30 pm Weekdays.
Payment Methods: VISA / Mastercard / Debit / Cash / Cheque
3. Once full payment has been processed, your registration information will be uploaded to the League website.
4. You will receive confirmation of your successful payment & registration to the League.
5. League Info: Wednesdays, 8:00-10:00 pm at Fireside School. 10 WEEKS - January 9-March 20th. (No play on Feb 20th)
6. Questions regarding League admin and operations may be directed to volleyball@cochrane.ca, Angela Christ, **Coordinator**.

PLAYER or Sub Registration		
Name	Street	Town/City, Province, Postal Code

Email:	Tel Hm:	Cell:
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Read and Check your Preference

WINTER SESSION - League Players (Fee PP/ \$80+gst). Players will decide teams each night based upon attendance.(Drop-in format)

WINTER SESSION LEAGUE PLAYER- *Position Pref:* _____

League Subs (unpaid) will be on a sublist for player/teams to contact. **League Sub** *Position Pref:* _____

Players are responsible for setup/takedown of equipment at the school. School Doors are open 15 minutes before & after scheduled start times. There will be a Player/Co-ordinator on site to assist with team building. No spectators or children under 16 allowed in the gyms.

PAYMENT AUTHORIZATION

Payment Method (check box)

Visa
 MC
 Debit
 Cash/Chq
 (Cash/Cheque paid in person at the FCSS office in Cochrane during business hours)

Fall Session Fee \$80 + gst = \$84.
Winter Session Fee \$80 + gst = \$84. (2 Session Fee \$168.00)

Credit Card #	Expiry Date: /	3 Digit Code: ()	Total Fee Authorized:
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Cardholders Name as it appears on the Card: _____ * Cardholder Sig: _____

** I hereby authorize the Town of Cochrane to charge authorized fee on my credit card for Cochrane Volleyball League Registration 2018/2019.*

Office Use Only: FCSS Registration/Payment Complete
 Waiver Complete
 Sisplay Complete
 Notification

Notes:
