

REGISTRATION FORM (One team member must be registered to be accepted with your fee payment)

Team Member #1:

(This is the Primary Contact Person for the Team)

Address: _____
(Street Address) (City, Province) (Postal Code)

Phone: _____ E-mail: _____

Team Name: _____

Representing: _____
(The Performing Arts Company You're Playing For)

Team Member #2:

Phone: _____ E-mail: _____

Team Member #3:

Phone: _____ E-mail: _____

Team Member #4:

Phone: _____ E-mail: _____

Please email your form to
gina.m@northernlighttheatre.com

REGISTRATION FEE

Cash Cheque Visa Mastercard

Cardholder Name: _____

Billing Address: _____
(Street Address) (City,) (Province) (Postal Code)

Credit Card No.: _____ **Exp.:** ____/____ **CVC:** _____

I authorize Northern Light Theatre to charge the credit card provided herein the sum of \$ _____
CAN (**\$210.00 per team including G.S.T.**). I agree to pay for this purchase in accordance with the issuing bank
cardholder agreement.

Cardholder Signature: _____ Date: _____