



**NCCP Clinic Introduction to Competition Advanced
Edmonton - Registration Form
Jan 20, 21, 22, 2012**

Personal Information:

Last Name: _____ First Name: _____

Address: _____

City: _____ Postal Code: _____

Home Ph#: _____ Cell Ph#: _____

Birth Date (DD/MM/YYYY): _____ Sex: M F

Email Address: _____

NCCP Number: _____

Do you have a laptop you can bring to this clinic? _____

Payment Information:

____ \$295.00 + GST = \$309.75 for Members

____ \$305.00 + GST = \$320.25 for Non-Members

Cheque: Yes No Cheque #: _____

Credit Card: Yes No Cardholders Name: _____

Account No.: _____

Card Type: VISA MC AMEX Expiry: _____

Please complete this form and send it to Basketball Alberta:

By Email: sjones@basketballalberta.ab.ca
By Fax: (780) 427-9124
By Mail: Basketball Alberta
Percy Page Center
11759 Groat Road
Edmonton, AB. T5M 3K6