

**DANCING WITH MERI SQUARES
PLUS REGISTRATION FORM**



NAME: (please print) _____

ADDRESS: Street _____

City _____ Prov. _____ Postal Code _____

Telephone Number _____

Email Address _____

Emergency Contact Name _____

Emergency Contact Telephone Number _____

Do you wish your phone number to be in the Club Directory Yes ___ No ___

Do you wish your e-mail included in the Club Directory Yes ___ No ___

Fees:

\$130 for session

(payments can be arranged with Treasurer)

Cheque payable to Meri Squares _____

Cash _____

Etransfer to treasurer@merisquares.ca _____

(account is setup for autodeposit)

Balance due _____

Signed: _____ Date: _____

Received by: _____ Date: _____