



2012 Lower Mainland Advanced Clinic, Level 3  
Surrey Christian Middle School, Sat., Feb. 25, 2012

## Application for Registration

**DEADLINE FOR REGISTRATION: February 11, 2012 - Wait List begins at 48**

**FIRST** - SUBMIT the following to George Smith at [bcbua@shaw.ca](mailto:bcbua@shaw.ca)

Name (First and Last): \_\_\_\_\_ Phone (home): \_\_\_\_\_ Email: \_\_\_\_\_  
Name of the Primary Association you work for: \_\_\_\_\_  
Saturday Lunch (included) - Vegetarian meal required? (Yes or No): \_\_\_\_\_

**STUDENTS ARE RESPONSIBLE FOR THEIR OWN TRAVEL AND ACCOMMODATION ARRANGEMENTS**

**SECOND** - PRINT this form, complete the information below and mail form and payment to

Secretary, BCBUA  
10451 Ainsworth Cres  
Richmond, BC V7A 3V5

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Gender: M F (circle one)  
Date of Birth: (mm/dd/yyyy): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
email: \_\_\_\_\_ (underline numerals)  
Home phone: \_\_\_\_\_ Work: \_\_\_\_\_  
Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

The undersigned authorizes BCBUA to release this information to baseball leagues and/or allocators

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Payment: \$150.00** (includes \$50.00 membership fee)

Cheque (payable to BCBUA) enclosed OR

Bill my Credit Card: (Circle one) Visa Mastercard

Number: \_\_\_\_\_ Exp date: \_\_\_\_\_

Cardholder exact name: \_\_\_\_\_

**REGISTRATION IS NOT COMPLETE AND PLACEMENT NOT SECURED UNTIL MONEY AND  
REGISTRATION INFORMATION IS SUBMITTED TO THE SECRETARY. THIS INCLUDES  
ASSOCIATION REGISTRATION CHEQUES.**