



2010 Interior Advanced Clinic, Level 2 and 3
Rutland, BC - March 6 and 7, 2010

Application for Registration

DEADLINE FOR REGISTRATION: February 21, 2010 - Capacity 30

FIRST - SUBMIT the following to Dennis Windsor at dcwcons@telus.net
or telephone: home 250 - 541 - 0027

Name (First and Last): _____ Phone (home): _____ Email: _____
List of the Association(s) you work for: _____ Current BCBUA Level: _____
Attending Social evening Saturday night? (Yes or No)

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: _____