

Ottawa District Badminton Association

NCCP-1 Coach Clinic REGISTRATION FORM

Please Print

Name: _____ Gender: (F or M_)

Club: _____.

Date of Birth: (y) _____ (m) _____ (d) _____ (if under 19)

Address: _____.

(with Postal code) _____.

Telephone: ____-____. email: _____.

Note: Participant must be 16 or older by Oct 8, 2011

Fee: : _____ (cash or cheque payable to ODBA)

Mail this registration form along with participation fee of \$165 to:

ODBA
645 Aberfoyle Circle
Kanata On K2K 3R2