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**CANpitch Clinic Registration Form**

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| Organization Name: |       |
| Contact Name and info: |       | Cell Phone:      Email:       |
| Instructor Name: |       |
| Dates: |       |
| Groups:  | [ ]  1 group [ ]  2 groups [ ]  3 groups  |
| CANpitch Session Duration : | [ ]  0-6 week CANpitch session $25.00 [ ]  7-13 week CANpitch session $35.00[ ]  14-20 week CANpitch session $45.00 |

Payment Information:

Total Payment: E Transfer to: camille@softballalberta.ca
Payable by: \_[ ] \_ E Transfer Password:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 \_\_[ ] \_\_ Master Card
 \_\_[ ] \_\_ Visa
Name on Card: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Card Number: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Expiry Date:      \_\_\_\_\_\_

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| **OFFICE USE ONLY** |
| *AFFILIATION [ ]*  | *PARTICIPANT FORM* *[ ]*  | *CANPITCH FORM* *[ ]*  | *CANPITCH FEE* *[ ]*  | *INVOICE #*  |