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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 #* |