



PROGRAM REGISTRATION FORM

*If completed from www.pvca.ca, please print and bring to Registration Night.

Name: _____

Contact Number: _____

Email Address: _____

Program Name	Participant's Name (if different from above or for multiple registrations from same household)	Fees
* A current Community Association Membership is required for all programs * Fees must be paid at time of registration * Absence from a program does not reduce the cost; credits or refunds will not be provided. *Cheques are payable to PVCA	Subtotal:	
		Membership Fee: (if applicable)
	Total:	

For PVCA Use Only:

Payment Type: Debit/Credit Cash Cheque