

Registration Form TEENS

Parent		LUDI ^K Number :			
Surname		First name			
Address, Street		Apt.	City		
Province	Postal Code	Date of birth YY MM DD	<input type="checkbox"/> M <input type="checkbox"/> F	Language preference <input type="checkbox"/> English <input type="checkbox"/> French	
Home telephone ()		e-mail address			
		Library card number			

Participant 1		LUDI ^K Number :		<input type="checkbox"/> M <input type="checkbox"/> F
Surname / Name			Date of birth YY MM DD	
Age	Library card number			
Telephone – cellular	e-mail address			

Participant 2		LUDI ^K Number :		<input type="checkbox"/> M <input type="checkbox"/> F
Surname / Name			Date of birth YY MM DD	
Age	Library card number			
Telephone – cellular	e-mail address			

If your child cannot attend an activity that he or she is registered for, please inform us 24 hours in advance, otherwise, a \$2 fee will be applied. This gives us the opportunity to offer the activity to another participant.

Optional

I give permission to the Pointe-Claire Public Library to freely use my picture (or that of my child) in information documents, leaflets, publicity, web site, etc. promoting the library's services.

SIGNATURE _____

DATE _____