

REGISTRATION FORM
Yellowknife Climbing Club

Personal Details

First Name

Address

Surname

Date of Birth

Evening Tel No.

Daytime Phone No.

Email

Emergency Contact

First Name

Surname

Evening Tel No.

Daytime Phone No.

Email

How did you hear about the Yellowknife Climbing Club?

Signature

Date

THIS PART TO BE FILLED BY YKCC BOARD MEMBER

Member number

Amount Paid

Signature

Date