



# Community League Registration Form

_____		_____	
Last Name		Given Name	
_____		_____	
Age		Parent's/Guardian's Name (if applicable)	
( ) _____	( ) _____	( ) _____	
Home Phone	Work Phone	Cell Phone	
_____		_____	
Address		City, Province	
_____		_____	
Postal Code		Email Address	

## Miscellaneous Information

**(YES) (NO)** Since \_\_\_\_\_  
 Past EBOA Member?  
 Officiating Experience

( ) years \_\_\_\_\_ ( ) years \_\_\_\_\_ ( ) years \_\_\_\_\_  
 EBOA Community League Other

**(Community) (Jr. High) (High School) (EBA) (Wheelchair) (College) (University) (International)**  
 Highest Level Currently Officiating

What levels of community league do you feel capable of officiating? (Please circle all that apply)  
 (Mini) (Bantam) (Midget) (Juvenile)

Are you able to officiate in neighbouring communities? (Please circle all that apply)  
 (Beaumont) (Leduc) (St.Albert) (Sherwood Pk)

## INTERNAL USE ONLY

**(Full) (Community) (Honorary Life)**  
 Membership Type

**(CASH) (CHEQUE) (CHARGE – Full EBOA >2<sup>nd</sup> year+ optional)**  
 Payment Type

Charged to member

\_\_\_\_\_  
 Member Signature (incurring charge)

\_\_\_\_\_  
 Date  
 \_\_\_\_\_  
 Date

\_\_\_\_\_  
 Notes (Amount / Cheque # / Receipt #)