

Leadership Summit Registration Form

Applicant's Information

Name: _____

Phone: _____ Email: _____

Are you Registering Other Participants?

Name: _____

Phone: _____ Email: _____

Name: _____

Phone: _____ Email: _____

Name: _____

Phone: _____ Email: _____

Facility's Information

Name: _____

Address: _____

City: _____

Province: _____ Postal Code: _____

Registration Fee

Members: \$375^{+TAX}

Non-Members: \$450^{+TAX}

Method of Payment

Enclosed

Please Invoice Me

Visa/Master Card

Card Number _____ Expiry _____

Name on Card _____ Signature _____

SPACE IS LIMITED



Recreation Facility
Association
of Nova Scotia

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