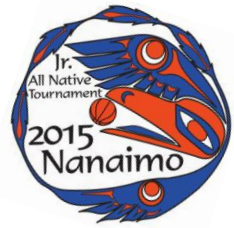


# 2015 Junior All Native Tournament

772 Centre Street, Nanaimo BC, V9R 4Z6  
 (250) 740-2300 or email [angiew@snuneymuxw.ca](mailto:angiew@snuneymuxw.ca)



**PLEASE PRINT**

<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms	LAST NAME	FIRST NAME	MIDDLE INITIAL
HOME ADDRESS		POSTAL CODE	
PRIMARY #		WORK PHONE #	
EMAIL ADDRESS _____@_____			
DO YOU HAVE A VALID DRIVER'S LICENCE?			
WHAT SKILLS TO YOU OFFER:			
AREAS OF INTEREST:			
<b>SECURITY INFORMATION/ RELEASE:</b>			
<p>I declare that the information provided on this application is correct and complete and I hereby authorize the Volunteer Nanaimo to verify the information submitted herewith.</p> <p>SIGNED: _____ DATE: _____</p>			
<b>IN CASE OF EMERGENCY CONTACT:</b>			
<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms	LAST NAME	FIRST NAME	MIDDLE INITIAL
HOME ADDRESS		POSTAL CODE	
PRIMARY #		WORK PHONE #	

**Comments:**