



### Registration Form

\*If handwritten, please print clearly and legibly\*

Surname (Last Name): \_\_\_\_\_

First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Phone Number: (     ) -     -

Gender: \_\_\_\_\_ Email: \_\_\_\_\_

Affiliated Club (optional): \_\_\_\_\_

Partner's Name: \_\_\_\_\_ Partner's Email: \_\_\_\_\_

Mixed Partner's Name: \_\_\_\_\_ Mixed Partner's Email: \_\_\_\_\_

If Under The Age of 18, Parent Signature Here: \_\_\_\_\_

Please Include Enclosed/Attached within Registration Package:

- Registration Form, filled out with all necessary information
- Cheque for \$35 enclosed, made payable to MMAC
- Liability form enclosed; signed with same email as you've registered with

**Please Address Registration Package to:**

P.O Box 1021 Succ. DesJardins, Montreal, Quebec, Canada, H5B 1C2