



**CSB Athletics Centre**  
830 59 Ave SE  
Calgary, AB T2H 2G5  
Phone: 403.837.4766  
info@csbathleticscentre.com

## CFBL Registration Form

Date: \_\_\_\_\_

League Days : ( Circle ) SATURDAYS OR SUNDAYS

1. Team Name : \_\_\_\_\_

2. First Contact Name : \_\_\_\_\_

Telephone : \_\_\_\_\_

Address : \_\_\_\_\_ Postal Code : \_\_\_\_\_

Email Address : \_\_\_\_\_

3. Second Contact Name : \_\_\_\_\_

Telephone : \_\_\_\_\_

Email Address : \_\_\_\_\_

4. Payment : (Circle) : CASH / MASTERCARD / VISA / DEBIT / CHQ

Name On Card : \_\_\_\_\_

Card Number : \_\_\_\_\_

Expiration Date : \_\_\_\_\_ Security Code (3 Digits on the back) \_\_\_\_\_