Whyte Ridge Community Centre

Program Registration Form

First Name:_____ Last Name:_____

Address:_____ DOB: _____

City:_____ Province:_____ Postal Code:_____

Cell Phone #:_____ Other Phone #:_____

Email: _____

Program Registering	Day	Start Time	Cost
		Total Cost:	

Signature:_____ Date:_____

- WRCC reserves the right to cancel, any course that does not meet the minimum registration requirements.
- Please see our Terms and Conditions document on our website.
- Disclaimer: I will hold WRCC harmless against all claims for damages or injuries known or unknown arising out of the activities of any, or all WRCC Programs