

EPICENTRE MEMBERSHIP FORM

| Parent/Guardian Names: | | | |
|---|---|--|--|
| Childs Name: | Age: | Birthdate: | |
| Childs Name: | Age: | Birthdate: | |
| Childs Name: | Age: | Birthdate: | |
| Do any of your children have Allergi | es? Please specify: | | |
| Family Island Address: | | | |
| Island Phone Number: | | | |
| Cell Phone: | Other: | | |
| Family Email Address: | | | |
| Island Emergency Contact Name and | d Number. Not a paren | t or Guardian: | |
| Membership Start Date: | | | |
| The Epicentre's Family Membership in the year the fee is \$11 times the r October the cost would be \$33). | | | |
| Please send your completed Membe penderepi@hotmail.com | ership form and registr | ation fee via e-transfer to | |
| Note: We are a family co-operative running. As Members let us know if | • | · | • |
| Please tick one or more that you we concessions2. Launder wash clothess up clothes 5. Organize are 8. Do a Costco pick up for programm 10. Replace low supplies using the Edish liquid)11. Participate in pla | oths or towels3. So t supplies6. Clean ning or a fundraiser picentre Tru Value acc pyground and yard clea | ort and wash a tub of toys small fridge 7. Orgar _ 9. Take on facebook adr ount (water, toilet paper, o | s 4. Launder nize the shed ministration cleaning supplies, |