



REGISTRATION FORM

Part A – Team Information

Team Captain: \_\_\_\_\_ (Last) (First)

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ (Street or PO Box)
(City) (Province) (Postal Code)

Team Name: \_\_\_\_\_

Business School Other Number of Team Member: \_\_\_\_\_ (Max. 5)

Please indicate the name of business, school, or other: \_\_\_\_\_

Part B – Individual Guest/Team Member Information

Table with 5 columns: Team Member Name, Address, Phone Number, Date of Birth DD/MM/YY, E-mail. Includes an example row and 5 numbered rows for data entry.

Part C – Accommodations (To be completed by Team Captains, only)

Please Check	Room Type	Includes	Cost	No. of people
	Standard	1 roll of toilet paper, 1 face cloth, and 1 bar of soap	\$175.00	
	Suite	2 rolls of toilet paper, 1 hand towel, 1 bar of soap, and hand cream	\$325.00	
	Penthouse	3 rolls of toilet paper, 1 towel, 1 bar of soap, hand cream, mouthwash and easy access to washrooms.	\$500.00	

Part D – Payment

Accommodations (Total from Part C) \$ \_\_\_\_\_

Additional Donations \$ \_\_\_\_\_

Where did this donation come from?

team fund-raising

personal donation

other

Total \$ \_\_\_\_\_

<b>Donation Amount:</b>	
\$ _____	
<b>Donation Method:</b>	
<input type="checkbox"/> Cash	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Cheque	<input type="checkbox"/> Money Order

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
<b>Name:</b> _____	
<b>Card#:</b> _____	<b>Exp:</b> ___ / ___
<b>Signature</b> _____	

**Cheques payable to: YMCA of Greater Moncton and designated to the Homeless Hotel**  
**Please fax, mail, or drop off registration to:**

YMCA of Greater Moncton  
 30 War Veterans Avenue  
 Moncton, NB  
 E1C 0B3  
 Fax: 859-8198

***Please note: To secure a reservation at the Homeless Hotel, room cost must be received by May 28, 2007. Any additional donations will be accepted at the Front Desk with the concierge service between 6:00 – 8:00 PM on June 1, 2007. Thank you for your cooperation!***