

Winter Club Athlete Fee Form

YEAR: _____

REGION: _____

Note: When filling out the Club Name column, please use the assigned (3) club initials

Club Name	Total # Athletes	BCSSA Fee Per Athlete	Regional Fee Per Athlete	Total \$
		\$ 20.00		

TOTAL \$ _____

Note:

One (1) copy of this form is to be sent with registration forms to Regional Registrar

SUBMITTED BY THE CLUB REGISTRAR