



INDAVA 2009

INITIAL

REGISTRATION FORM

Registering as: Youth _____ OR Adult _____

Name: _____
(first name) *(last name)*

Address: _____

City: _____

Prov. / State: _____ Postal / Zip Code: _____

Phone: (_____) _____

Pack: _____ Group: _____ Area: _____

Date of Birth: _____
(month / day / year)

Shirt Size: Youth S ___ M ___ L ___

Adult S ___ M ___ L ___ XL ___ Other (please specify) _____

This initial registration form must accompany the 1st payment deposit due by end of Jan. 2009. The rest of the forms will be due at a later date.