

Member Club/Assoc /School Name:

Sepak Takraw Saskatchewan Inc. (STAS) "Get Active, Get Your Kicks!"

1280 Cameron St. Regina, SK S4T 2T1

Phone/Fax: (306) 584-8778 Email: info@SepakTakrawSask.ca

Web Site: www.SepakTakrawSask.ca

TEAM/MEMBERSHIP REGISTRATION

Players/Coaches/Referees must all be STAS Individual Members to participate in District and/or Provincial Sepak Takraw Tournaments.

This registration form can also be used by Clubs to register players and/or teams into their local programs, sending a copy to STAS, in which case participants do not need to be STAS Individual Members (check bottom).

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Club Address:	ldress:					City:				: Postal Code:			_ Fax: (_ Fax: ()			Date:
Email:																	
Name of Tournament/Event: CANADA DAY "FAMII				<u>_Y</u> " SEPAK TAKRAW CHALLENGE				City: REGII	<mark>NA</mark> F	Prov.: SK	v.: <mark>SK</mark> Venue: <mark>LEG</mark>		ISLATU	RE BUILI	DING FF	RONT L	AWN (CLOSEST TO ALBERT ST.)
Teams & Players registering	g under a	above	e Membe	er Club/Asso	c./Schoo	ol (Please i	mark "X" ur	nder each ap _l	olicable	category b	elow):			ı	n Voluntar	y Self De	claration below, "New Cdn" is anyone not born in Canada
Name of Team # 1 Gender			nder	Children Youth Junior			Senior Masters		Team Type		Season		Game Types Played			d	Voluntary Self Declaration
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Players' Names (first/last) #		# Birth mm/dd/yyyy		Address			(City	Prov	P. Code	Phone		Email Address			l	Check box most applicable to your ancestry:
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(number) Players are r	rew mem	bers	, recruit e	ed by				of		(city),	(p	rov.), pl	n:		() Local Program, Ind. Mem. not necessary
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Contact Person: