



**LITTLE LEAGUE ALBERTA ANNUAL MEETING
REGISTRATION FORM
FEBRUARY 4TH, 2017
DEERFOOT INN & CASINO, CALGARY, AB**

SEND IT TO: kkvame@littleleague.ca or fax: 403-320-2053

| | |
|----------------------------|--|
| Name/ Business Name: | |
| Address: | |
| City/Province/Postal Code: | |
| Phone #: | |
| Email: | |

| <u>TYPE OF PACKAGE & QUANTITY REQUIRED</u> | <u>PRICE</u> | <u>All Saturday Sessions Incl. Saturday Continental Breakfast, Health Breaks, & Saturday Awards Lunch</u> | <u>Full Conference as shown plus Saturday Night Dinner</u> | <u>Awards Luncheon Only</u> | <u>Saturday Night Dinner Only</u> |
|---|---------------------|---|---|--|--|
| | | <u>\$49.00</u> | <u>\$79.00</u> | <u>\$25.00</u> | <u>\$40.00</u> |
| SUB-TOTAL | | Hotel rates: \$119.00/ Night for Friday and/or Saturday nights. Deerfoot Inn & Casino – Reservations Line - 1-877-236-5225 Quote Group Code: GMSLLA2 | | | |
| OTHER DISCOUNTS OR 3rd PARTY BILLED | | | | | |
| TOTAL PRICE | | | | | |

ADDITIONAL INFORMATION:

PAYMENT METHOD: VISA _____ M/C _____ AMEX _____ NO. _____

Expiry date: ____/____

CHQ _____ NO. _____ DEBIT _____ CASH _____

| | | | |
|---|-------|-------|-------|
| Customer Signature <small>Credit Card Authorization if Applicable</small> | _____ | Date: | _____ |
| Little League Rep. Signature | _____ | Date: | _____ |

| | | |
|------------------------------|--------------------|-------------------------|
| Ticket Received _____ | Date: _____ | Signature: _____ |
|------------------------------|--------------------|-------------------------|