



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).~~

Member Club/Assoc./School Name: _____ Contact Person: _____ Day Phone: (____) _____

Club Address: _____ City: _____ Prov.: _____ Postal Code: _____ Fax: (____) _____ Date: _____

Email: _____ Coach Full Name(s): _____

Name of Tournament/Event: **CANADA DAY "CORPORATE" SEPAK TAKRAW CHALLENGE** City: **REGINA** Prov.: **SK** Venue: **LEGISLATURE BUILDING FRONT LAWN (CLOSEST TO ALBERT ST.)**

Teams & Players registering under above Member Club/Assoc./School (Please mark "X" under each applicable category below):

In Voluntary Self Declaration below, "New Cdn" is anyone not born in Canada

Name of Team # 1		Gender			Children	Youth	Junior	Senior	Masters	Team Type		Season		Game Types Played				Voluntary Self Declaration
		M	F	Co-ed	6 - 10	11-14	15-19	20-40	> 40	Rec.	Comp.	Indr.	Outdr.	Regu	Doubles	Beach	Hoop	Note: completing following is completely voluntary
		Data used to identify program/service area success																
Players' Names (first/last)	#	Birth mm/dd/yyyy			Address			City		Prov	P. Code	Phone	Email Address				Check box most applicable to your ancestry:	
																		() Aboriginal () Metis () Inuit () New Cdn () Other
																		() Aboriginal () Metis () Inuit () New Cdn () Other
																		() Aboriginal () Metis () Inuit () New Cdn () Other
																		() Aboriginal () Metis () Inuit () New Cdn () Other
																		() Aboriginal () Metis () Inuit () New Cdn () Other
Name of Team # 2		Gender			Children	Youth	Junior	Senior	Masters	Team Type		Season		Game Types Played				Voluntary Self Declaration
		M	F	Co-ed	6 - 10	11-14	15-19	20-40	> 40	Rec.	Comp.	Indr.	Outdr.	Regu	Doubles	Beach	Hoop	Note: completing following is completely voluntary
		Data used to identify program/service area success																
Players' Names (first/last)	#	Birth mm/dd/yyyy			Address			City		Prov	P. Code	Phone	Email Address				Check box most applicable to your ancestry:	
																		() Aboriginal () Metis () Inuit () New Cdn () Other
																		() Aboriginal () Metis () Inuit () New Cdn () Other
																		() Aboriginal () Metis () Inuit () New Cdn () Other
																		() Aboriginal () Metis () Inuit () New Cdn () Other
																		() Aboriginal () Metis () Inuit () New Cdn () Other

Registration: First-time Individual Members: # of players _____ X \$30/person = _____; Uninterrupted Renewing Individual Members: # of players _____ X \$15/person = _____; Total Registr.: _____
 _____ (number) Players are new members, recruited by _____ of _____ (city), _____ (prov.), ph: _____ () Local Program, Ind. Mem. not necessary