



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: _____ City: _____ Prov.: _____ Venue: _____

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
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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																
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Name of Team # 3		Gender			Children	Youth	Junior	Senior	Masters	Team Type		Seasons		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:	
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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