

Mid-Season Ice Maintenance Seminar

Applicant's Information

Name: _____

Address: _____

City: _____

Province: _____ Postal Code: _____

Phone: _____ Email: _____

Are you Registering Other Participants?

Name: _____

Phone: _____ Email: _____

Name: _____

Phone: _____ Email: _____

Name: _____

Phone: _____ Email: _____

Facility's Information

Name: _____

Address: _____

City: _____

Province: _____ Postal Code: _____

SPACE IS LIMITED

Mid-Season Ice Maintenance Seminar

Payment Form



Registration Fee

- Members: \$159.99^{+TAX} Non-Members: \$199.99^{+TAX}

Method of Payment

- Enclosed: Please Invoice Me: Visa/Mastercard:

Card Number: _____

Expiry: _____ CVV: **(on the back of your card)** _____

Name on Card: _____

Signature: _____ Date: _____

Send your form to RFANS 5516 Spring Garden Road
4th Floor, Halifax, NS, B3J 1G6

Questions?

P: 902-425-5450 ext. 330 | C: 902-870-7634
E: rfans@sportnovascotia.ca

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Recreation Facility
Association
of Nova Scotia

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