APPENDIX F: FOREIGN PARTICIPANT REGISTRATION (COMPETITION PURPOSES)



Club Name:

2950 Keele Street, Suite # 202 Toronto, Ontario, M3M 2H2 647-344-5106 gymnasticsontario.ca HST # 12212 5131 RT0001

All individuals (athletes, coaches and judges) taking part in a Gymnastics Ontario sanctioned competition must be a registered participant of Gymnastics Ontario. This includes all individuals who do not reside in Canada. Membership with Gymnastics Ontario expires each year on June 30th.

The cost for non-Canadian participants is \$56.50 CDN (\$50.00 + HST). Foreign membership entitles the applicant to insurance coverage only. No other member benefits are applicable. Membership fees are non-refundable.

Club Address:

All Gymnastics Ontario events are required to have International Sanction approval from Gymnastics Canada before foreign athletes will be permitted to participate. Therefore, foreign participant membership will not be processed unless the event has received this sanction approval.

Contact Name:			COL	ıntry o	it Kesi	dence: _			
Fax Number: E-mail:				eprior	ic				
Name of Competition:					Date	of Comp	etition:		
Hosting Club Name:					_ Date	or comp			
C	Given Name	f Dirth	Co.,,	ndou I		Polo Assistand CC			
Surname	Given Name		of Birth D/YYYY)	(M/I	nder F/X)		Role Coach/Judge)	Assigned GO Membership #	
ayment Information	(Gymnastics Ontario o	nly accepts p	ayment by	Visa o	r Maste	rCard)			
Card #	CVD			Expiry Date:		Payment Totals:			
Cardholders Name:			Cardholders Signature:					Athletes Fee Total: Coaches Fee Total:	
Cardholders Phone:	dress for receipt:					e Total:			
Please submit your completed application to: Gymnastics Ontario						I authorize a charge in the amount of			
2950 Keele Street, Suite							Total Char	~~.	
Fax (647) 344-4816 Email membership@gymnasticsontario.ca FOR OFFICE USE ONLY: Payment Received: □ VISA/ MC □ Money Order							Total Char	ge:	
Credit Card Authorizatio	n #:								
☐ Confirmation Sent to	A 1' 1	Confirmat			OL. 1				