



ORGANIZATION FEES WINDSOR - 2016

REGISTRANTS FROM THE SAME ORGANIZATION

This form is to be used for Organization bookings **with 4 or more** coaches. It is 'editable' and can be saved as a PDF then submitted electronically to the Clinic Office.

See 'Power Play Promo' limited time offer for groups of 3.

NOTE: EACH ORGANIZATION MEMBER MUST COMPLETE A FULL 'INDIVIDUAL' REGISTRATION FORM FOUND ON THE REVERSE SIDE or ONLINE via the ROGER NEILSON'S WEBSITE <http://clinics.rogerneilsonshockey.com/rncc-registration-form/>

YES, please register the following Organization Members
For the 2016 RNCC in Windsor, ON (June 10 - 12):

PRIMARY 'ORGANIZATION' CONTACT

FIRST NAME:		LAST NAME:	
HOME TEL: (enter numbers without spaces)	BUS. TEL: (enter numbers without spaces)	CELL: (enter numbers without spaces)	
ADDRESS:		CITY:	
PROV/STATE:	PC/ZIP:	COUNTRY:	
E-MAIL:		TWITTER HANDLE: (ie. @RNeilsonsHockey)	
ORGANIZATION:		LEVEL:	

ORGANIZATION MEMBERS TO REGISTER

A. (4-12) \$500 CAD (PLUS HST) PRICE IS PER REGISTRANT (\$75 SAVINGS)	1.	NAME:	2.	NAME:
	3.	NAME:	4.	NAME:
	5.	NAME:	6.	NAME:
	7.	NAME:	8.	NAME:
	9.	NAME:	10.	NAME:
	11.	NAME:	12.	NAME:

SEE SECTIONS B, C and PAYMENT DETAILS ON NEXT PAGE

SEE INDIVIDUAL REGISTRATION FORM AT END OF GROUP FORM



ORGANIZATION FEES

WINDSOR - 201*

REGISTRANTS FROM THE SAME ORGANIZATION

B. (13-20) \$490 CAD (PLUS HST) PRICE IS PER REGISTRANT (\$85 SAVINGS)	13.	NAME:	14.	NAME:
	15.	NAME:	16.	NAME:
	17.	NAME:	18.	NAME:
	19.	NAME:	20.	NAME:

C. (21+) \$470 CAD (PLUS HST) PRICE IS PER REGISTRANT (\$105 SAVINGS)	21.	NAME:	22.	NAME:
	23.	NAME:	24.	NAME:
	25.	NAME:	26.	NAME:
	27.	NAME:	28.	NAME:
	29.	NAME:	30.	NAME:

<input type="checkbox"/>	<p>YES, we understand that travel, meals & accommodations are not included in the price of admission. We recommend the Holiday Inn & Suites, University of Windsor for accommodations. Details can be found at http://clinics.rogerneilsonshockey.com/windsor-clinic/</p>
--------------------------	--

PAYMENT INFORMATION				
Credit Cards will be charged in Canadian funds. For U.S. checks, please call. Group members must be paid by one (1) representative or organization.				
PRICE PER ORGANIZATION MEMBER IS DETERMINED BY TOTAL NUMBER IN GROUP.				
FOR EXAMPLE: IF YOU HAVE 15 TOTAL, ALL GROUP MEMBERS (1-15) ARE CHARGED AT THE 13-20 RATE.				
Note: by completing the section below, you are authorizing RNCC to debit the credit card listed below on behalf of the entire 'Organization' booking. Payment in full required at time of registration unless notified otherwise.				
<input type="checkbox"/> Cheque enclosed/will mail		<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard		TOTAL IN GROUP: x COST PER: (A, B or C) \$ TOTAL FEES: (include HST 13%) \$
CARD NUMBER: (total of 16 digits)				EXPIRY DATE: mm/yy
NAME ON CARD:		SIGNATURE:		DATE:

*RNCC reserves the right to end or extend the 'ORGANIZATION FEES' promotion without notice.

NOTE: IF REGISTERING FOR 'DEVELOPMENT 1' (D1), YOU MUST COMPLETE AND SUBMIT A SEPARATE APPLICATION.

SEE INDIVIDUAL REGISTRATION FORM AT END OF GROUP FORM