



# HISTORYMAKER 2010 Group Registrations Form

## PART 1 : GROUP LEADERS

### Primary

Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_ (required)

Phone: \_\_\_\_\_ (primary)

Phone: \_\_\_\_\_ (alternate or cell)

### Secondary

Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_ (required)

Phone: \_\_\_\_\_ (primary)

Phone: \_\_\_\_\_ (alternate or cell)

### Alternative

Name: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ (required)

Phone: \_\_\_\_\_ (primary)

Phone: \_\_\_\_\_ (alternate or cell)

## PART 2 : GROUP CONTACT INFO & ADDRESS

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_

Postal Code \_\_\_\_\_

Phone: \_\_\_\_\_ (primary)

Phone: \_\_\_\_\_ (alternate or cell)

Denomination or Affiliation (if applicable): \_\_\_\_\_



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### PART 3 : REGISTRATION

Registration		Number	Ticket \$	TOTAL
Leader				
Adult / Youth				
TOTAL				

### PART 4 : PAYMENT METHODS

**Pay Online – QUICK FAST & EASY:** On-line registration is secure and you will receive confirmation of your registration once the payment has been processed (all major credit cards accepted). Simply visit [www.historymaker.ca](http://www.historymaker.ca) click the "HM STORE" tab at the top then follow the links.

**FAX:** Just complete this form fully including the "Credit Card Payment Form" below and fax the form to 604.533.5405. This is a private secure fax in our office.

**MAIL:** Send your registration form to HISTORYMAKER 20411 Douglas Crescent, Langley, BC, V3A 4B6. Mailed registrations must be complete with full payment (i.e. money order or cheque made payable to PAOC (HISTORYMAKER)).

Do not mail any documents with your credit card information on it.

**DROP OFF:** Bring your registration form to our office at 20411 Douglas Crescent, Langley, BC, V3A 4B6 with complete payment.

**PART 5: CREDIT CARD PAYMENT FORM (FAX OR DROP OFF ONLY – do not mail)**

**CREDIT CARD PAYMENT METHOD**

I, \_\_\_\_\_ authorize HISTORYMAKER to process \$ \_\_\_\_\_ on my credit card.

Cardholder Name: \_\_\_\_\_

Card Type: \_\_\_ VISA \_\_\_ MASTERCARD \_\_\_ AMEX (Please check one)

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ / \_\_\_\_\_

CVC (Three Digit Code on the back of card): \_\_\_\_\_

Signature of Authorization: \_\_\_\_\_