



SEPAK TAKRAW ASSOCIATION OF CANADA (STAC)

PO Box 24101, RPO Broad St Regina, SK S4P 4J8 Canada
Phone/Fax: (306) 584-8778 Email: STAC@SepakTakraw.ca
Web Site: www.SepakTakraw.ca

**MEMBERSHIP
REGISTRATION**

*(Paid Membership for Teams,
Clubs, and Prov. Assoc.)*

Umbrella Team/Club/Assoc. Name: _____ Contact Person: _____

Address: _____ City: _____ Prov.: _____ Postal Code: _____

H/M Phone: (____) _____ W Phone: (____) _____ Fax: (____) _____ Email: _____

Teams & Players Registering under Umbrella Team/Club/Association *(email form & e-transfer payment to STAC@SepakTakraw.ca)* **DATE:** _____

Name of Team # 1	Gender			Children 6 - 10	Youth 11-14	Junior 15-19	Senior 20-40	Masters > 40	Team Type		Season		Game Types Played				
	M	F	Co-ed						Rec.	Comp.	Indoor	Outdoor	Regu	Doubles	Beach	Hoop	
<i>(put "X" under applicable heading)</i> ▶																	
Players' Names <i>(first/last)</i>	Birth <i>(m/d/y)</i>			Address			City		Prov	P. Code	Phone		Email Address				
Name of Team # 2	Gender			Children 6 - 10	Youth 11-14	Junior 15-19	Senior 20-40	Masters > 40	Team Type		Season		Game Types Played				
M	F	Co-ed	Rec.						Comp.	Indoor	Outdoor	Regu	Doubles	Beach	Hoop		
<i>(put "X" under applicable heading)</i> ▶																	
Players' Names <i>(first/last)</i>	Birth <i>(m/d/y)</i>			Address			City		Prov	P. Code	Phone		Email Address				
Name of Team # 3	Gender			Children 6 - 10	Youth 11-14	Junior 15-19	Senior 20-40	Masters > 40	Team Type		Seasons		Game Types Played				
M	F	Co-ed	Rec.						Comp.	Indoor	Outdoor	Regu	Doubles	Beach	Hoop		
<i>(put "X" under applicable heading)</i> ▶																	
Players' Names <i>(first/last)</i>	Birth <i>(m/d/y)</i>			Address			City		Prov	P. Code	Phone		Email Address				

Registration Fee Enclosed: _____ \$60 per Team _____ \$200 per Club 1 _____ \$400 per Club 2 _____ Provincial Assoc. as per Formula
 _____ players are new Members, recruited by _____ of _____ (city), _____ (prov.), ph: _____