



## ENROLLMENT FORM

First Name(s): \_\_\_\_\_

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

Civic Address: \_\_\_\_\_

Preferred method of contact, include all the ways you wish to receive the notifications (please fill in at least one).

Phone Number: \_\_\_\_\_

Work Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Cell Phone Provider: \_\_\_\_\_

Other Number: \_\_\_\_\_

(if second cell, please write down the cell provider as well)

Home Email: \_\_\_\_\_

Other Email: \_\_\_\_\_

Text Number: \_\_\_\_\_

Other Text Number: \_\_\_\_\_