## 2025 Registration Form

Registration forms should be submitted via email to: <u>patricewhiffen@primetimesport.ca</u>. Following submission, please contact Patrice Whiffen at (519) 868-2399 to arrange payment by credit card.

TEAM NAME		
INSTITUTION		
TEAM MEMBER #1 (CAPTAIN)		
NAME:		
EMAIL:		
TELEPHONE:		
Which day of the conference would you like to attend?	Day 1   Day 2   Monday, November 3 <sup>rd</sup> , 2025   Tuesday, November 4 <sup>th</sup> , 2025   *Please select one day for attendance. If you wish to attend both days, additional registration fees will apply.	
Will you be able to attend the Welcome Reception on Sunday, November 2 <sup>nd</sup> from 6:30 – 9:00pm?	YES   NO	
TEAM MEMBER #2		
NAME:		
EMAIL:		
TELEPHONE:		
Which day of the conference would you like to attend?	Day 1   Day 2  Monday, November 3 <sup>rd</sup> , 2025   Tuesday, November 4 <sup>th</sup> , 2025  *Please select one day for attendance. If you wish to attend both days, additional registration fees will apply.	
Will you be able to attend the Welcome Reception on Sunday, November 2 <sup>nd</sup> from 6:30 – 9:00pm?	YES   NO TEAM MEMBER #3	
TEAM MEMBER #3		

NAME:		
EMAIL:		
TELEPHONE:		
Which day of the conference would you like to attend?	Day 1   Day 2  Monday, November 3 <sup>rd</sup> , 2025   Tuesday, November 4 <sup>th</sup> , 2025  *Please select one day for attendance. If you wish to attend both days, additional registration fees will apply.	
Will you be able to attend the Welcome Reception on Sunday, November 2 <sup>nd</sup> from 6:30 – 9:00pm?	YES   NO	
TEAM MEMBER #4		
NAME:		
EMAIL:		
TELEPHONE:		
Which day of the conference would you like to attend?	Day 1   Day 2   Monday, November 3 <sup>rd</sup> , 2025   Tuesday, November 4 <sup>th</sup> , 2025   *Please select one day for attendance. If you wish to attend both days, additional registration fees will apply.	
Will you be able to attend the Welcome Reception on Sunday, November 2 <sup>nd</sup> from 6:30 – 9:00pm?	YES   NO	
SPARE (Optional)  *Note that the spare will not be included in the Conference festivities unless they take the place of another team member		
NAME:		
EMAIL:		
TELEPHONE:		
FACULTY ADVISOR (Optional)		
NAME:		
EMAIL:		
TELEPHONE:		