



2024 Membership Application Form

Garrison Staff to Complete
Staff keeps pages 1-3

Member#: _____

Start Date: _____

End Date: December 31, 2024

First Name _____ Last Name _____

Address _____

City _____ Province _____ Postal Code _____

Email (required) _____ Phone Number(Optional) _____

Membership Type (*please mark*)

1 Year Youth (\$253+tax) 1 Year Student (\$286+tax) 1 Year Adult (\$346+tax)

1 Year Family (\$445+tax)

Payment is due in full at the time of signing. Any members under 16 years of age must be accompanied by an adult at all times, *including when Garrison staff are at the facility*. All memberships run from January 1st will expire December 31st, of the year signed.

If accepted as a member of The Royal Garrison, I agree to read and abide by all of the rules, by-laws, and regulations of the facility, posted on the website, as well as any rules current and future, given by the staff. ***I understand that any infraction of these rules may result in warnings, suspension or cancellation of membership without refund, or other verdicts as determined by the staff.***

Signature of Applicant _____ Date _____

Signature of Parent/Guardian (if applicable) _____

Family membership additional Names and Contact:

