



# Marketplace Registration Form

Participant Name: \_\_\_\_\_ Male: \_\_\_ Female: \_\_\_

Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

Full Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Alternate #: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Emergency Contact #: \_\_\_\_\_

Pertinent Medical/Health Info: \_\_\_\_\_

Allergies: Yes: \_\_\_ No: \_\_\_ Describe: \_\_\_\_\_

Assisted Devices: \_\_\_\_\_ Mobility Aids: \_\_\_\_\_

### Independence Level/Supports to Participate in Marketplace Programs

I require staff support to participate (I will bring my support worker): \_\_\_\_\_

I am independent: \_\_\_\_\_ Partial Supports Required: \_\_\_\_\_

Program Name:	Dates:	Time:	Fee:
<b>TOTAL</b>			

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Register with**  
[marketplace@communitylivingyorksouth.ca](mailto:marketplace@communitylivingyorksouth.ca) or 905-294-4971 EXT. 450

_____ Cash	_____ Cheque	<b>Amount Enclosed:</b> _____
_____ Visa	_____ MasterCard	_____ American Express
Card Number: _____		CVV #: _____
Name on Card: _____		
Expiry Date: _____		
Signature: _____		
*in-person payment includes Credit, Apple Pay, Android Pay, and Interac*		