

Sobey's Gift Certificate Program
Enrollment Form

Children's Name(s): _____

Children's Address: _____

Postal Code: _____

Parent/Guardian (Account Holder): _____

Relationship: _____

Address of parent: _____

Postal Code: _____

Telephone No.: _____

E-mail address: _____

I understand that if my account remains inactive for twelve months the balance of the account may be transferred to the Mount Pearl Sport Alliance. If I write an NSF cheque the Sport Alliance will charge me \$30.00 and may not be permitted to write another cheque

Signature

Date: ____/____/____
mm dd yy