



# L.E.T. REGISTRATION

PRINT CLEARLY!

Family Name: \_\_\_\_\_ Langara Identity Number: \_\_\_\_\_

Given Name: \_\_\_\_\_ Address: \_\_\_\_\_

English Name (if different): \_\_\_\_\_ City: \_\_\_\_\_

Birthdate (DD/MM/YY): \_\_\_\_\_ Province/Postal Code: \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_ Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

**Date of Sitting:** \_\_\_\_\_ **Time:** \_\_\_\_\_

Credit Card #: _____	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
Expiry Date (MM/YY): _____	Signature: _____	