



The 9th Zarathushti Games  
Vancouver, British Columbia, Canada  
July 1st - 4th, 2004



**REGISTRATION FORM**

**PERSONAL INFORMATION**

**ONE FORM PER APPLICANT**

**BOX A**

Last Name: \_\_\_\_\_ First Name/ MI: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_ City: \_\_\_\_\_

State/ Province: \_\_\_\_\_ Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Home Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact No: \_\_\_\_\_

Date of Birth: (YYYY/MM/DD) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

**STATUS:**       Single       Married      **GENDER:**       Male       Female

Will you be carrying medical or travel Insurance?       YES       NO

If YES, please specify \_\_\_\_\_

**T-SHIRT is only for those completing BOX B**

T-Shirt SIZE       Small       Medium       Large       XLarge       XXLarge

Date of Arrival: \_\_\_\_\_ Date of Departure: \_\_\_\_\_

**REGISTRATION: GAMES+RESIDENCE**

**BOX B**

**Before March 1<sup>st</sup>**  
*(Early Bird)*

**March 1<sup>st</sup> to June 1<sup>st</sup>**

**After June 1<sup>st</sup>**

**Games Registration Fee only**

No meals will be provided.

CDN \$100

CDN \$115

CDN \$125

**Residence only**

Only Breakfast will be provided.

CDN \$200

CDN \$215

CDN \$225

**TOTAL CDN\$**

**If you are in Residence, we can arrange transport for your arrival / departure, from / to Vancouver Intl Airport:**

▶ **Pick-up**       YES      **IF YES,** Date: \_\_\_\_\_; Flight #: \_\_\_\_\_; Time: \_\_\_\_\_;

▶ **Drop-Off**       YES      **IF YES,** Date: \_\_\_\_\_; Flight #: \_\_\_\_\_; Time: \_\_\_\_\_;

**PLEASE ALSO COMPLETE BOX F (GAMES) and BOX G (RESIDENCE ALLOCATIONS)**

**If you require additional days of accommodation after July 3, please contact and make arrangements with:**

Conferences and Accommodations at UBC  
Tel: +604-822-1000 ext 3      Fax: +604-822-1069

Email: conferences@housing.ubc.ca

Please indicate **Our Ref: ZSBC Games**

**FOR DISCOUNTS TO APPLY, REGISTRATION MUST BE POST-STAMPED NOT LATER THAN GIVEN DATES**



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**SOCIAL EVENTS**

**BOX C**

- ▶ Dinner and Dance Theme Party - *Live Band music* (July 2<sup>nd</sup>, 2004)  CDN \$25
- ▶ Night Boat Cruise Dinner and Dance (July 3<sup>rd</sup>, 2004)  CDN \$59

**TOTAL CDN\$**

**RAFFLE TICKET / DONATION:**

One Grand Prize of **CDN\$200**

**BOX D**

Please help us keep our costs low by buying a raffle ticket for CDN \$10 or by making a donation. Registration not required.

▶ Number of raffle tickets \_\_\_\_\_ x **CDN\$10** = \_\_\_\_\_

▶ Donation for **CDN\$** \_\_\_\_\_

**TOTAL CDN\$**

**TOTAL AMOUNT and PAYMENT**

**BOX E**

Box B: Registration fee:                      CDN \$ \_\_\_\_\_

Box C: Dinner+Dance - *Live Band*        CDN \$ \_\_\_\_\_

Box C: Night Boat Cruise:                    CDN \$ \_\_\_\_\_

Box D: Raffle Ticket / Donation:            CDN \$ \_\_\_\_\_

<u>IF AGES 10 -15 ONLY</u>	
subtract <b>CDN\$25</b> =	CDN \$ _____ +
subtract <b>CDN\$5</b> =	CDN \$ _____ +
subtract <b>CDN\$10</b> =	CDN \$ _____ +
	CDN \$ _____ +

**TOTAL AMOUNT TO PAY:** **CDN\$**

**CDN\$**

**PAYMENT METHOD:**

- ▶  **Bank Draft**
- OR ▶  **Money Order**

Make all **Bank Drafts** or **Money Orders** **payable in CDN\$ ONLY** to **The Zoroastrian Society of British Columbia**  
 Mail **Payment + Registration Form** to: 9<sup>th</sup> Zarathushti Games  
 The Zoroastrian Society of British Columbia  
 6900 Halifax Street  
 Burnaby, British Columbia, V5B 2R5  
 CANADA

**CANCELLATION POLICY:**

- ▶ **Prior To** May 1<sup>st</sup> 2004, a full refund minus an administrative charge of **CDN\$10.00**.
- ▶ **After** May 1<sup>st</sup> 2004 and **before** June 1<sup>st</sup>, 2004, a cancellation charge of 40% of the full amount will apply.
- ▶ **After** June 1<sup>st</sup>, 2004, there will be **no refund**.

**ALL REFUNDS WILL BE PAID IN CANADIAN DOLLARS ONLY**



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**GAMES EVENTS REGISTRATION**

**BOX F**

**INDIVIDUAL EVENTS:**      **MAXIMUM 3 INDIVIDUAL EVENTS CAN BE CHOSEN**

- 1)  Table Tennis
- 2)  Badminton    **--OR--**     Track and field (select at least one or all from below)  
    100 meter       400 meter       1600 meter       4X100 meter relay
- 3)  Swimming (select at least one or all from below)  
    50 meter freestyle       100 meter freestyle       100 meter freestyle relay

**TEAM EVENTS:**      **ONLY ONE TEAM EVENT CAN BE CHOSEN**

- ▶ A team has to have a **minimum** of **5** and a **maximum** of **8 players** registered.
- ▶ If your team does not have the required **8 players**, players will be assigned to you from the pool.

- Basketball      **--OR--**     Volleyball
- Assign me to a team    **--OR--**     I am member of team \_\_\_\_\_

As the **captain** of team \_\_\_\_\_, I would like to register my team with the following members:

- |                |                |
|----------------|----------------|
| Player 2 _____ | Player 3 _____ |
| Player 4 _____ | Player 5 _____ |
| Player 6 _____ | Player 7 _____ |
| Player 8 _____ |                |

**COED TEAMS ARE STRONGLY ENCOURAGED FOR ALL TEAM EVENTS BUT NOT ENFORCED**

**RESIDENCE ALLOCATION**

**Check-in Time: 3:00 PM Wednesday June 30, 2004**

**Check-out Time: 11:00 AM Sunday July 4, 2004**

**BOX G**

On residence, there are 4 suites per floor and each suite has 6 individual and separated rooms with 1 single bed in each room. Each suite has a common kitchen area with fridge and stove, main living room and shared washrooms.

- I am not part of a group. (In this case, you will be assigned a room in a non-coed suite.)
- As the head of a group (2-6 members), I would like to request a suite for **myself** and

- Group Member 2 \_\_\_\_\_
- Group Member 3 \_\_\_\_\_
- Group Member 4 \_\_\_\_\_
- Group Member 5 \_\_\_\_\_
- Group Member 6 \_\_\_\_\_

For Group Assignment, Registration forms and payment must be sent together or received within 15 days after the first registrant from the group has sent his/her Registration form and Payment in.

- ▶ **Coed** suite only will be assigned if your group is coed
- ▶ If your group is coed and does not complete a suite, **another coed group might** be assigned to your suite
- ▶ Group Reservation is only valid when all the above individual registrations have been **validated**. Otherwise, rooms will be assigned as and when registrations are received and therefore treated on a first-come-first serve basis. ZSBC will decline all responsibility if any or all Group Members are not assigned the same suite in this case.



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**WAIVER**

**BOX H**

You must be at least 10 years of age as of July 1<sup>st</sup>, 2004 to be eligible to participate in The 9<sup>th</sup> Zarathushti Games. It is the responsibility of the guardian to make sure that the minor follows all the rules. Please refer to rules and regulations on our website at **www.zsbc.org**.

ANY and ALL mishaps and/or accidents, which lead to bodily harm and/or damage to third party property or to third person body and/or property are sole responsibilities of those involved. The Zoroastrian Society of British Columbia (from here on referred to as ZSBC) will not be responsible for said person's actions or third party actions.

It is the individual's responsibility to find out about the Canadian Customs and immigration laws before traveling to Canada.

Transportation to and from certain sites has been arranged. It is the attendees' responsibility to be present at the set time and location for transportation. Failure to arrive on time will result in the attendee finding their own way at their own expense.

Please make sure that you are properly covered for any travel and medical costs that might be incurred i.e. Insurance coverage. **ZSBC will not take any responsibility for any liabilities that may occur during the trip.**

It is recommended that youth between 10 and 13 years of age come with a guardian.

Your signature consenting to the above is required. Otherwise, your registration application and payment will be returned to you.

Signature of registrant \_\_\_\_\_

Signature of guardian (if under 18) \_\_\_\_\_

Name: \_\_\_\_\_

Date \_\_\_\_\_

**CHECKLIST:**

**This checklist has been provided for your convenience. If any of the information is incomplete your application will not be processed.**

**Must Do**

**Recommendations**

Registration form (Boxes A-G)

Travel or Medical Insurance

Money Order or Bank Draft in Canadian Dollars ONLY  
( For Total and Address to mail to, see BOX E)

Guardian permission (if under 18 complete Box H)

**Note: A confirmation package will be mailed to you with further details.**

**FOR ZSBC OFFICE USE ONLY:**

Boxes A-H completed

Application processed Date: \_\_\_\_\_

Payment received

Confirmation sent

ID and confirmation #: \_\_\_\_\_