



The Cube Climbing Centre
Climbing Community Culture

PERSONAL INFORMATION

Last Name: _____ First Name: _____ Initial _____
Address: _____ Postal Code: _____
City: _____ Province: _____ Country: _____
Cellphone: _____ Home Phone: _____ Work Phone _____
Date of Birth (dd/mm/yyyy) _____ Email: _____ (optional)
Emergency Contact: _____ Emergency Contact Phone: _____



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