



Registration Form

PLEASE NOTE:

Registration is ONLY open to Students attending Schools Approved for this program.

School Name: _____ **Grade:** _____

Player Information: (One Player per form)

Male Female

First Name: _____ Last Name: _____

Birth Date: (Month/Day/Year) _____ Current Age: _____

Address Information:

Address: _____

City/Province: _____ Postal Code: _____

Home Telephone: _____ Fax: _____

Mother's Name: _____ Cell/Work #: _____

Father's Name: _____ Cell/Work #: _____

E-mail address: _____

(To be used for your confirmation package/receipt and future communications)

Dismissal Instructions after class (after school only): (please circle one &/or complete below)

Return to after-school care Walks home Picked up by: _____

Other: _____

Program Fee:

Program Amount _____ \$ _____

(HST# 88647 7819 RT001) Add 13% HST: \$ _____

Total Amount: \$ _____

Method of Payment:

VISA MasterCard E-Transfer (belinda@brystsoccer.com)

Visa / MC #: _____ Security Code _____ Expiry Date: _____

Cardholder's Name: _____ Signature: _____

Office Use Only: Payment: _____ Registered: _____ Conf. Sent: _____