



ELITE Registration Form

Please see website (www.brystsoccer.com) for program details:

Program Code: _____ Program Day/Week: _____
Start Date: _____ Program Location: _____

FESTIVAL GAMES

SUMMER CAMP AM PM FULL DAY

KIX4SKILLZ ACADEMY

****Please see website for prices, exclusion dates & discount options****

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: _____

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

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

E-mail Address: _____

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

Daytime Emergency Contact Info (Summer Camp only):

Name: _____ Phone Number: _____

Program Fee: (Only one discount applies)

Program Amount \$ _____

Sibling or Multi-Program Discount – 5% \$ _____

Other Discount: Please Specify _____ \$ _____

Subtotal: \$ _____

Add 13% Tax: \$ _____

Total Amount: \$ _____

(HST# 88647 7819 RT001)

Method of Payment (circle preferred option): Full Payment or Two Payments **please contact office if payment plan is needed**

VISA MasterCard E-transfer (contact office for details)

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

Cardholder's Name: _____ Signature: _____

Office Use Only:

Payment: _____ Registered: _____ Conf. Sent: _____