



DREAM BELIEVE ACHIEVE



GOAL KEEPER REGISTRATION

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

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

Junior (age 7-11)

Senior (age 12+)

****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: \$ _____
(HST# 88647 7819 RT001) Add 13% Tax: \$ _____
Total Amount: \$ _____

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: _____

Cardholder's Name: _____ Signature: _____

Office Use Only:

Payment: _____ Registered: _____ Conf. Sent: _____