

**Which session would you like to register for?**

*Golf & Hockey (\$365 + gst)*

July 12<sup>th</sup> – 16<sup>th</sup>

*Golf Only (\$199 + gst)*

July 5<sup>th</sup> – 9<sup>th</sup>

July 26<sup>th</sup> – 30<sup>th</sup>

July 19<sup>th</sup> – 23<sup>th</sup>

**Contact information**

Name of Parent: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Age: \_\_\_\_\_

Phone Number: (home) \_\_\_\_\_ Work: \_\_\_\_\_

Address \_\_\_\_\_ City/Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Email \_\_\_\_\_

**Payment information**

Credit Card or Debit Card (fill in information below)

VISA  MasterCard  Other \_\_\_\_\_

Name on Card \_\_\_\_\_ Credit Card # \_\_\_\_\_

Expiry Date \_\_\_\_\_ Signature \_\_\_\_\_

**Allergies or other important information**

Please use the lines below to let us know about any allergies your child may have or anything else we might need to know:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_