



Registration Form

Please print out the form and make the cheque payable to:

pt 4 kids
 176 Manitoba St., Unit #4
 Etobicoke, Ontario, Canada
 M8Y-4G7
 Tel/Fax: 416-253-7060

1. Select the program(s) you wish to join.

A. After School Program: (4:00-5:00pm, 5:00-6:00pm)

SESSION	PROGRAM DURATION	DAYS	SELECT (CIRCLE)	COST
1A	Sept. 12 - Dec. 12, 2005	MON/WED	YES / NO	\$300.00
1B	Sept. 12 - Dec. 12, 2005	TUE/THUR	YES / NO	\$300.00
2A	Jan. 9 - Apr. 7, 2006	MON/WED	YES / NO	\$300.00
2B	Jan. 9 - Apr. 7, 2006	TUE/THUR	YES / NO	\$300.00
3A	Apr. 10 – Jun. 30, 2006	MON/WED	YES / NO	\$300.00
3B	Apr. 10 – Jun. 30, 2006	TUE/THUR	YES / NO	\$300.00

Please note: Register for sessions 1,2 and 3 and receive a 10% discount—a \$90 value!

B. Sport Training Programs: (Days and Times to be determined)

MONTH	PROGRAM(CIRCLE)	SELECT (CIRCLE)	COST
JANUARY	FIGURE SKATING / HOCKEY / SOCCER	YES / NO	\$100.00
FEBRUARY	FIGURE SKATING / HOCKEY / SOCCER	YES / NO	\$100.00
MARCH	FIGURE SKATING / HOCKEY / SOCCER	YES / NO	\$100.00
APRIL	FIGURE SKATING / HOCKEY / SOCCER	YES / NO	\$100.00
MAY	FIGURE SKATING / HOCKEY / SOCCER	YES / NO	\$100.00
JUNE	FIGURE SKATING / HOCKEY / SOCCER	YES / NO	\$100.00
JULY	FIGURE SKATING / HOCKEY / SOCCER	YES / NO	\$100.00
AUGUST	FIGURE SKATING / HOCKEY / SOCCER	YES / NO	\$100.00
SEPTEMBER	FIGURE SKATING / HOCKEY / SOCCER	YES / NO	\$100.00
OCTOBER	FIGURE SKATING / HOCKEY / SOCCER	YES / NO	\$100.00
NOVEMBER	FIGURE SKATING / HOCKEY / SOCCER	YES / NO	\$100.00
DECEMBER	FIGURE SKATING / HOCKEY / SOCCER	YES / NO	\$100.00

Please note: Register for 3 or more months and receive a 10% discount

2. Fill in your personal information.

Name: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Contact Tel.: _____

Alternate Tel.: _____

E-mail (optional) : _____

3. Add the total cost and enter it here. \$ _____

4. Read and sign below for your confirmation.

Parent/Guardian:

I, Mr. / Mrs. _____ give my son / daughter _____ permission to participate in the pt 4 kids program(s) selected above. I am hereby confirming that my son / daughter is apparently healthy and able to participate in all activities.

Refund Policy:

A full refund is given if cancellation request is received prior to the commencement of the program. However, a \$10 service fee will be charged. No refunds are given if the session has already started.

Name (please print): _____

Signature: _____

Date: _____