



Soccer Development Training Lunchtime Program

Bayview Glen P.S
Gr.4-6

Every Thursday-Jan 16 to March 12, 2020
12:40 pm - 1:20 pm; in the School gym

9 week program \$135+HST

\$152.55. ★★Register before Dec.20, 2019 - Entered in
our Instagram Contest \$100 "Bryst Bucks" ★★
Follow us on Instagram

To register email programs@brystsoccer.com
Or call 905-898-8141



www.brystsoccer.com



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: _____

Jersey Size: (Y small, Y medium, Y large) _____

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 Cheque E-transfer (belinda@brystsoccer.com) Cash (Do not send cash by mail.)

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

Cardholder's Name: _____ Signature: _____

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