



# Soccer Development Training Lunchtime Program

Bayview Glen  
PS Gr.1-6

Every Thursday- Jan 16th to March 12

12:40 - 1:20pm; in the School gym

9 week program \$135+HST

\$152.55



To register email [programs@brystsoccer.com](mailto:programs@brystsoccer.com)

Or call 905-898-8141

[www.brystSoccer.com](http://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: \_\_\_\_\_