BRYST International Inc

ELITE INDOOR ACADEMY - 2008/2009 Registration Form
Ages 7-16

Fall Session - 10 Weeks
Winter Session - 14 Weeks

Junior Elite - Born 1997,1998,1999,2000,2001 | **Senior Elite - Born 1992, 1993, 1994, 1995, 1996**

Wild Water Kingdom, Brampton:

Fall Session # 1 - 10 Weeks:

☐	JEI# 1A	Session # 1 -	Saturdays 8:00 - 9:30 am	Oct. 18/08 - Dec. 20/08
☐	JEI# 1B	Session # 1 -	Sundays 8:00 - 9:30 am	Oct. 19/08 - Dec. 21/08
☐	SEI# 1A	Session # 1 -	Saturdays 9:30 - 11:00 am	Oct. 18/08 - Dec. 20/08
☐	SEI# 1B	Session # 1 -	Sundays 9:30 - 11:00 am	Oct. 19/08 - Dec. 21/08

Fee per session: $299.00 + 14.95 (GST) - Total = $313.95

Winter Session # 2 - 14 Weeks:

☐	JEI# 2A	Session # 2 -	Saturdays 8:00 - 9:30 am	Jan. 10/09 - Apr. 25/09
☐	JEI# 2B	Session # 2 -	Sundays 8:00 - 9:30 am	Jan. 11/09 - Apr. 26/09
☐	SEI# 2A	Session # 2 -	Saturdays 9:30 - 11:00 am	Jan. 10/09 - Apr. 25/09
☐	SEI# 2B	Session # 2 -	Sundays 9:30 - 11:00 am	Jan. 11/09 - Apr. 26/09

Fee per session: $419.00 + 20.95 (GST) - Total = $439.95

(See website for all registration information including discount/cancellation policies)

Player Information: Male Female (circle one)

First Name: _____ Last Name: _____
Birth Date: (month/day/year) _____ Current Age: _____

Address: _____
City: _____ Province: _____ Postal Code: _____
Home Phone: _____ Fax: _____

Mother's Name: _____ Work/Cell: _____
Father's Name: _____ Work/Cell: _____
E-Mail Address: _____
(to be used for your confirmation package/receipt and future communications)

Team Information:

Club: _____ Rep Team Age Group: _____
Position: _____

Payment Information: (GST# 88647 7819 RT001)

Program Amount (include GST) _____

Less Discount: (only one discount can be applied)

Sibling Discount (minus 10%) _____
Multi-program Discount # 1 (minus 10%) _____
Scholarship Athlete (minus 20%) _____
Team Discount/Credit Note/Other - Specify _____ _____

TOTAL AMOUNT: _____

Method of Payment: (circle one)

VISA **MasterCard** **Cheque** **Money Order** **Cash** (do not send cash by mail)

Visa/MC #: _____ Expiry Date: _____
Cardholder's Name: _____ Signature: _____

Payment Plans: Choose a payment Plan from below. Plan A, B or C: credit card payments will be post-dated and processed on dates specified on web site; payment by cheque - please include all post-dated cheques.

☐ Full Payment Included
☐ Plan A - full payment per session for more than 1 session
☐ Plan B - four payments for 2 sessions (multi-program discount applies)
☐ Plan C - 6 monthly payments for 2 sessions (multi-program discount applies)

Office Use Only:
Payment: _____ Registered: _____ Conf. Sent: _____
e-mail mail fax person

Bryst International Inc. 2525 Vivian Road, R.R. # 3 Newmarket, ON L3Y 4W1
Tel: (905) 898-8141 Toll Free: (866) 898-8141 Fax: 1 - (905) 895-0699
Email: registrations@brystinternational.com Website: www.brystinternational.com