



## KIX 4 KIDZ INDOOR - 2008/2009 Registration Form Ages 5-10

**NEW THIS YEAR!**

**2 x 10-week sessions**

**Wild Water Kingdom, Brampton:**

<input type="checkbox"/>	K4K# 1A	Session # 1 - Saturdays 9:00 - 10:00 am	Oct. 18/08 - Dec. 20/08
<input type="checkbox"/>	K4K# 1B	Session # 1 - Sundays 9:00 - 10:00 am	Oct. 19/08 - Dec. 21/08
<input type="checkbox"/>	K4K# 2A	Session # 2 - Saturdays 9:00 - 10:00 am	Jan. 17/09 - Mar. 28/09
<input type="checkbox"/>	K4K# 2B	Session # 2 - Sundays 9:00 - 10:00 am	Jan. 18/09 - Mar. 29/09

**Fees per session: \$139.00 + 6.95 (GST) Total = \$145.95**

(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)

**House League Team Information:**

Note: you do not have to belong to a Club to join this program

Club: \_\_\_\_\_ Team Age Group: \_\_\_\_\_

Position (if applicable): \_\_\_\_\_

**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 (minus 10%) \_\_\_\_\_

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**  
**Tel: (905) 898-8141 Toll Free: (866) 898-8141**  
**Email: registrations@brystinternational.com**

**Newmarket, ON L3Y 4W1**  
**Fax: 1 - (905) 895-0699**  
**Website: www.brystinternational.com**