FISHER PARK COMMUNITY RECREATION COUNCIL HOCKEY DEVELOPMENT FALL 2019 REGISTRATION





| X Select | Age | Day | <u>Dates</u> | | Time |
|------------------|----------------------------------------------|-----------------------|-----------------------|----------------------|-------------------------------------------------------------------|
| | 5 to 7 year olds | Tuesday | | | 6:00 – 6:55 pm. |
| | 8 to 11 year olds | Tuesday | Oct 8 th - | Dec 10 th | 7:00 – 7:50 pm. |
| \$145/per | child \$235/2 children \$2 | 90/3 children | same far | nily *Payment | by CASH or CHEQUE ONLY* |
| CHILD'S N | AME: | M/F | Age: | DOB | |
| | AME: | | Age: | DOB_ | |
| | AME: | | | | |
| Home Phone | 2: () | | (| Cell Phone: (|) |
| | rdian Names: | | | | |
| Email (print | · clearly): | | | | |
| () I agree to r | receive e-mail updates and programming infor | mation from Fisher Pa | rk Community | y Centre and the F | Fisher Park Recreation Council |
| | Special Needs: | | | | |
| Emergency | Contact: | | I | Phone:()_ | |
| | Location: McN | abb Aren | | _ 0 - | _ |
| | *** Full Equ | ipment | Rec | quired | *** |
| PLEAS | SE NOTE: This prog | • | | | |
| | HOCKEY playe | ers not for | "EXT | 'RA" ice | e time. |
| * Please co | omplete information below* | | Recei | pt # | Amount \$ |
| | | ======== | ====== | | |
| | | mmunity Recrea | | • | |
| A | 250 Ho | Iland Ave. Ottawa, | ON. K1Y 0 | Y5 | |
| F | Fisher Park Fall Hockey D | evelopment | 2019 | | er 8 th to December 10 th 0 Week Program |
| Fees Paid: | \$ | | | | |
| | | | | | |

Received From: Date :

Child's Name Year Of Birth......

Staff Signature: Receipt #:.....