



2008 – 2009 U6 and U8 Registration form

(Please Print)

Player's Name: _____ Age ____ Birth Date: ____/____/____

Parent/Guardian Name: _____

Check session you are registering for:

<u>SESSION</u>	<u>DATES</u>	<u>PRICE including tax & *MSM</u>
<input type="checkbox"/> 2 nd session (8weeks)	Saturday Oct 25 – Saturday Dec 20	\$122.00*
<input type="checkbox"/> 3 rd session (8weeks)	Saturday Jan 03 – Wednesday Feb 25	\$122.00*
<input type="checkbox"/> 4 th session (8weeks)	Saturday Feb 28 – Wednesday Apr 29	\$122.00*
<input type="checkbox"/> 5 th session (6weeks)	Saturday May 2 – Wednesday Jun 10	\$ 94.00 *

***\$10.00 MSM fee included (take \$10 off if you already submitted your form and payment for the season)**

Circle your preferred practice day:

AGE:	U6	U6	U8	U8
DAY:	Tuesdays	Wednesdays	Tuesdays	Wednesdays
TIME:	6:00 PM	6:00PM	7:00PM	7:00PM

Date: _____ Parent Signature: _____

Form received by: _____ *Staff*