



POWER RUNNING SERIES 2014 REGISTRATION FORM

Last Name _____ First Name _____
Address _____ City _____ Province _____ PC _____
Date of Birth (mm/dd/year) _____ T-Shirt Size (Adult): S M L Gender: M F
Name of Present Team/Academy _____
PARENT/LEGAL GUARDIAN PERSONAL INFORMATION
Last Name _____ First Name _____
Telephone (res) _____ (bus) _____ (cell) _____
Email Address _____ @ _____

Coaching Staff: The training will be under the direction of Richard Bucciarelli.

Ages: Participants must be between the ages of 8 to 16.

Cost: The cost of the Program is \$200.00 + HST (Total \$226.00). Special team rates are also available.

Training Times and Dates: (Please mark your choice.)

TUESDAYS

Trio Sportsplex
601 Cityview Boulevard
Vaughan, ON, L4H 0T1

Beginning January 14, 2014
Concluding March 25, 2014
8:00 - 9:00 p.m.

THURSDAYS

Trio Sportsplex
601 Cityview Boulevard
Vaughan, ON, L4H 0T1

Beginning January 16, 2014
Concluding March 27, 2014
8:00 - 9:00 p.m.

SUNDAYS

Trio Sportsplex
601 Cityview Boulevard
Vaughan, ON, L4H 0T1

Beginning January 19, 2014
Concluding March 30, 2014
10:00 - 11:00 a.m.

FOR STAFF USE ONLY

METHOD OF PAYMENT

DATE PAID: _____

AMOUNT PAID: _____

CASH CHEQUE

Please make cheques payable to:

SOCCER FITNESS INC.

**601 Cityview Boulevard, 2nd Floor
Vaughan, Ontario
L4H 0T1**

Withdrawal and Refund Policy:

Non-attendance by a participant does not constitute a notice of withdrawal. Request for refund must be submitted in writing to the Program Director prior to the start of Session 1. A \$50.00 administration fee will be applied to all refunds. *PLEASE NOTE: A \$20.00 fee will be charged for all NSF cheques.

SIGNATURE OF REGISTRANT
(OR PARENT/LEGAL GUARDIAN
IF REGISTRANT UNDER AGE 18)

DATE _____