

SWAT “ SKILLS and DRILLS” Registration:

Participant Information:

Name: _____.

Birth Date: _____.

Playing Category: _____.

Alberta Health Care Number: _____.

Contact Information:

Parents name: _____.

Address: _____.

E-mail address: _____.

Home Phone: _____.

Cell Phone: _____.

Work Phone: _____.

(Please check one)

FULL SESSIONS _____

HALF SESSIONS _____

Payment:

___ Check: # _____ total _____

___ Visa: _____ total _____