



REGISTRATION FORM

Name (one form per person) _____

Male _____ Female _____ Age _____ Membership # (if applicable) _____

Address:

Street _____

City / Province _____

Postal Code _____

Phone # _____ Cell Phone # _____

Email _____

I wish to enroll in the following:

Program Name _____	Fee _____	+HST (13%) _____	= Total _____
Program Date _____	Time _____		
Program Name _____	Fee _____	+HST (13%) _____	= Total _____
Program Date _____	Time _____		

All Programs are to be paid on or before the date of the program, Cash or Credit accepted

____ Visa ____ MC
Card No. _____ Exp _____
Credit Card Verification # _____
Date _____
Name Of Cardholder _____
Signature _____

Refund Policy:

All Programs are refundable up to 24 hours before program start date. For cancellations made at least 24 hours in advance, a new, alternate booking can be made at no additional charge, subject to availability. Any cancellations within 24 hours of the program are nonrefundable.

Registrant or Guardian Signature: _____

Date: _____

Please send completed form by Fax: 902-469-2241 or Email: bill.short@gamebreakerhockey.com

If you have further questions please call us at 902-469-4263.