

RECREATIONAL TRAINING SCHEDULE 2016-2017

Orthodox Jewish Girls Programs			Fee: Registration: \$35/yr		
Age	Sunda	У	Fall 9wks	Winter-Spring	
4-6 yrs	10:30-11:45 subject to coa	nch availability	\$135		
6-8 yrs	10:30-12:00	10:30-12:00			
	12:00-1:30 subject to coach availability				
9 & up	12:00-1:30				
Registration form You can fill out this form Child's First name:	n on your computer and e-mail it to us as an attach Last name:	ment. We will register your o		nt is received. M/F	
Address: street	Apt #	City:	Postal Code		
Telephone	Cell	E-mail	Code		
Parent' first name	Health card #	Past injuri	es		
Allergies	How did you learn about us? Day school attending				
9	d hereby agrees to hold Toronto Aspirals Rhythmi activities at any facility at any time or use of equi			rmless from any and all	
Parent's name:	Signature :	Signature :		Date	

We accept checks, cash or e-transfer (to info@aspirals.ca) Make checks payable to Toronto Aspirals

Mail your checks to 6 Bradwick Drive, Concord, ON L4K 2T3