

REGISTRATION FORM

Participa	ant's Name (P	iease print ciea	1119)		Circle
Last Name			First Name_		
Address		_Apt/Suite #			
City		Province		Postal Code	
Date of Bir	rth	Age	Approx. He	ight	Approx. Weight
Name of So	chool				<u> </u>
Parent /	Guardian Inf	formation			
Last Name	:		First	Name	
(If different from Address	n above)		Apt/	Suite	
City		Province		Postal Code	
Home Tel 7	#	Busi	Business #Cell/		Pgr
E-Mail					
Emergen	ncy Contact(s))			
l/ Nar	me		2/	Name	
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