



REGISTRATION

Name: _____

Male Female

Address: _____

City: _____ Prov: _____

D.O.B. (d/m/y) ____/____/____

Age: _____

Email: _____

Team: _____

Position: _____

Parent/Guardian: _____

Ph: (H) _____

(W) _____

Cost: \$120 (tax incl)

(Cash/Cheque/Money Order)

Cheques payable to:
Effectus Athlete Development

March 30th - April 3rd
5 sessions/wk

Girls 16-18
Mon/Tue/Wed/Thur/Fri
1pm-2:30pm

Boys 16-18
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2:30pm-4pm

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Adrian Honish
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