



Participant Information: Please Print

Name: _____

Mailing Address: _____ City: _____

Postal Code: _____ Telephone number(s): _____

Date of Birth: (mm/dd/year) _____ Age: _____

Parent/Legal Guardian Information:

Name(s): _____

Home Telephone: _____ Cell Phone: _____

E-Mail Address: _____

Mailing Address if different than participant's: _____

City: _____ Province: _____ Postal Code: _____

Other Contact Information (if applicable):

Community Support Worker Name: _____

Email Address: _____

Telephone Number: _____ Cell Number: _____

Indicate your 1st and 2nd choice of class.

_____ Monday 6:00 – 7:00 pm	_____ Friday 10:15 – 11:15 am	_____ Saturday 9:00 – 10:00 am
_____ Monday 7:15 – 8:15 pm	_____ Friday 11:30 – 12:30 pm	_____ Saturday 10:15 – 11:15 am
	_____ Friday 1:00 – 2:00 pm	

Check the Sessions you are riding: Session 1 is the only payment due at this time. All other payments must be received prior to the session starting.

_____ Session 1 (Sept – Oct) _____ Session 2 (Nov – Dec) _____ Session 3 (Jan – Feb)

_____ Session 4 (March – Apr) _____ Session 5 (May-June)

Circle: Visa or MasterCard Name on Card: _____

Credit Card #: _____ Expiration date: _____ CVC: _____

Office Use Only : Date Received: _____ Date Paid On-Line: _____

Paid by: cheque _____ Credit Card: _____ Cash: _____ Online: _____