

Sports After School

Student name: _____ Age: _____

Address: _____ Zip Code: _____

Mother's Name _____

Phone Number _____ Work Number _____

Father's Name _____

Phone Number _____ Work Number: _____

Please check the sport for your child.

Soccer: \$120.00 per month.

Primary Students: Tuesday and Thursday 2:30pm – 3:30pm

Elementary Students: Tuesday and Thursday 3:30pm – 4:30pm

Basketball: \$60.00 per month.

Primary Student: Friday 2:30pm – 3:30pm.

Elementary Students: Friday 3:30pm – 4:30pm

Parent's Signature _____

Date _____