**Office Use Only**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Family Discount |  |  |
| Subtotal |  |  |
| HST |  |  |
| Total w/HST |  |  |
| Deposit Paid |  |  |
| Balance |  |  |
| Paid In Full |  |  |
|  |  |  |
| Chq ❒ Debit ❒ Cash ❒ Credit ❒ | | |

**REGISTRATION FORM 2017 & 2018**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Participant’s Name: | | |  | | | | | | | | | | | | |
|  | | |  | |  |  |  |  | |  | |  |  |  |
| Parent(s) Name: | | | |  | | | | | | | | | | | |
| Phone: |  | | | | | | | |  | |  | | |
| Age |  | | | | | | | |  | |  | | |
| Email: |  | | | | | | | | | | | | | | |
| Healthcard #: |  | | | | | | | | | | | | | | |
| **ALLERGIES OR MEDICAL CONCERNS:** | |  | | | | | | | | | | | | | |

**Ninja warrior class Day: Time:**

**FOR OFFICE USE ONLY:**

**MONTHLY CALCULATIONS**

**Sept\_\_\_\_\_\_Oct\_\_\_\_\_\_Nov\_\_\_\_\_\_Dec\_\_\_\_\_\_Jan\_\_\_\_\_\_\_\_**

**Feb\_\_\_\_\_\_\_Mar\_\_\_\_\_Apr\_\_\_\_\_\_\_May\_\_\_\_\_\_\_\_**