

## **FALL SESSION REGISTRATION**

		Date:	2025
PERSONAL INFORMATION			
First name:	Last name:		
Address:			
City:	Province: Postal Code	ə:	
Cell number:	Date of Birth:	· · · · · · · · · · · · · · · · · · ·	
Email:	Gender:	<del>-</del>	
EMERGENCY CONTACT INFO	RMATION		
First name:	Last name:		
Cell number:	Relationship:		
MEMBERSHIP PLAN			
*10 Class Passes are valid for 90 da	ys from the first class start date and a	re non-refundable/transfe	rable
Location (could be multiple):			
☐ Ocean Park Hall ☐ Cranle	ey Place		
PAYMENT METHOD			
$\Box$ CASH $\Box$ F TDANSFED	(olivia minnie@hotmail.com)		





