



*191 Hazelwood Dr, Thunder Bay, Ontario, P7G 1Y5  
Phone # 623-5911, Fax # 344-7177, E-mail: tbchill@tbaytel.net*

## **SCHOOL ELECTIVES REGISTRATION FORM**

**Please fax back to: 623-0433**

SCHOOL NAME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

SCHOOL ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

TYPE OF ACTIVITY: \_\_\_\_\_

DATES YOU WOULD LIKE TO ATTEND: \_\_\_\_\_

AM SESSION or PM SESSION: \_\_\_\_\_  
*(Please specify exact times of arrival/departure.)*

APPROXIMATE NUMBER OF STUDENTS: \_\_\_\_\_

NUMBER OF INSTRUCTORS REQUIRED: 1 + \_\_\_\_\_  
*(additional instructors are \$20.00 per session)*

ENCLOSED DEPOSIT AMOUNT: \_\_\_\_\_

### **PLEASE MAIL YOUR DEPOSIT AND REGISTRATION FORM TO:**

Thunder Bay Soccer Plex  
191 Hazelwood Drive  
Thunder Bay, Ontario  
P7G 1Y5

#### **FOR OFFICE USE ONLY**

Registration form:

Confirmation Sent:

Deposit:  Amount: \_\_\_\_\_ Balance Owing: \_\_\_\_\_

Total Payment:  Amount: \_\_\_\_\_ Balance Owing: \_\_\_\_\_