



Please register your son and/or daughter with a \$50.00 deposit to the Gerow's School of Hockey Fundamentals Program for the 2017 season. Please make cheques payable to Scott Gerow.

***** FREE COMPLEMENTARY SWEATER *****
See below...

PRIMARY HOUSEHOLD CONTACT / PARENT / GUARDIAN (PLEASE PRINT)

Name _____
Address _____
City _____
Province/State _____ Postal/Zip Code _____
Telephone _____ Email _____

PARTICIPANTS INFORMATION (PLEASE PRINT)

Name 1	_____	D.O.B	_____ (YY/MM/D)	M	/ F
Name 2	_____	D.O.B	_____ (YY/MM/DD)	M	/ F
Name 3	_____	D.O.B	_____ (YY/MM/DD)	M	/ F
Name 4	_____	D.O.B	_____ (YY/MM/DD)	M	/ F

Parent/Guardian Signature(s): _____

Mail completed form to:

**Gerow School of Hockey Fundamentals
3435 South Grimsby Road
Smithville, ON L0R 2A0**

For more information contact Scott Gerow at Email: rgerow@gerowhockeyschool.com or (905) 978-7511.

For your FREE SWEATER, please indicate your size(s) below.

Note: If you require the same size for more than one person, please indicate the amount required next to the checkbox. Example: Small x2

Youth Sizes: Small Medium Large X-Large
Adult Sizes: Small Medium Large X-Large