



**Please register your son and/or daughter with a \$50.00 deposit to the Gerow's School of Hockey Fundamentals Program for the 2019 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/DD)	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](mailto: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