



CALGARY SCHOOL OF BASEBALL

Athlete's Name: _____

Athlete's Age: _____

AHC #: _____

Parent's Name: _____

Address: _____

Postal Code: _____

Telephone: _____

Fax: _____

E-mail: _____

Additional Contact Info: _____

Training Program: Full-time _____ Part-time _____

Training Dates: _____

2008 Training Program Registration Fees:

Full-time Combined Training Program - \$37.50/week including GST _____

Part-time Sunday Skills Sessions - \$20.00/week including GST _____

Method of Payment: Visa _____ Mastercard _____

Credit Card # _____

Expiry Date: _____

Cheque: (Enclose cheque made payable to **Calgary School of Football**)

Mail with payment to: 68 Silverado Creek Crescent SW
Calgary, Alberta T2X 0C6

Signature: _____

Date: _____

Contact Us: Phone: (403) 807-7881 **Toll Free:** 1-800-661-3128 **Fax:** (403) 454-0047
E-mail: info@calgaryschooloffootball.com