

RECEIPT/REFUND FORM

Please indicate choice by circling one

CHILD'S NAME: _____

BIRTHDATE: _____

ADDRESS: _____

TELEPHONE #: _____

REGISTRATION: On line, In Person, Drop off UPS
(Please indicate choice by circling one)

PARENT'S NAME: _____

EMAIL ADDRESS: _____

*****Please include a self addressed stamped envelope.
Drop off or mail to The UPS Store, Box 178, 13300
Tecumseh Rd. E. N8N-4R8*****

If you registered on line, your confirmation is your receipt.

**NO refunds are issued after May 1, 2010
Refunds requested prior to beginning of season will be
issued by November 15th, 2010**