

**JD & Intermediate  
2017/18 Indoor Program  
Registration Form**



**Athlete:** \_\_\_\_\_ **Sex :** M F  
Last Name Given Names

**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **OHIP # :** \_\_\_\_\_  
Month Day Year

**Address:** \_\_\_\_\_ **Apt.# :** \_\_\_\_\_  
Number and Street

**City :** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email** (parent) : \_\_\_\_\_ **Cell #** (par) : \_\_\_\_\_

**T-shirt size** (please circle) : S M L XL youth / adult

**Any medical concerns:** \_\_\_\_\_  
\_\_\_\_\_

**For more information call Sylvia or Harry Stantsos at (519)649-4329.**

**Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parents first names:** \_\_\_\_\_

**Winter Program fee:** \$350

Please make cheque payable to: **St. Thomas Legion TFC**

Please mail registrations to: **St. Thomas Legion TFC/JD Programs  
112 Fairchild Cres.  
London, ON, N6E 3E8**