Fall 2026 101 Hockey/Skating Registration

101sports.ca

Name of Registrant:
Registrant Age as of Program start date:
Contact Name:
Contact Phone Number:
Email:
New Participant ☐ **or Returning Participant** ☐
Program Requested:
Day: **Time:** **Fee $:**
Payment Method $ Fee + HST (*all payments will be made and processed to SWIM 101*) **Total Fee $ _____** **Method of Payment** ☐ **Cash** ☐ **etransfer to info@101sportsgroup.ca** ☐ VISA **_ _ _ _ - _ _ _ _ - _ _ _ _ - _ _ _ _ Expiry Date _ _ / _ _ CVV _ _ _** ☐ mastercard **_ _ _ _ - _ _ _ _ - _ _ _ _ - _ _ _ _ Expiry Date _ _ / _ _ CVV _ _ _** **Card Holders Name (Please Print) _____** **Signature of Card Holder _____ Date _____**

Sent completed registration form to info@101sportsgroup.ca