



Timbits Volleyball Registration Form

Child's Name: _____

Child's Date of Birth _____

Parent's Name _____

Telephone: _____

Cell: _____

Mailing Address: _____

e-mail _____

Gender: F M

Name of School _____ Grade (Sept 2011) 1 2 3 4 5 (circle one)

FEES:
\$50 Advance Registration
\$60 at the door on day one.

Office use only:
Amount received \$ _____

Cash or cheque

Please circle your preferred time for our 8 week clinic, below:

Location & Date: **Oakridge Secondary School (Rear entrance)**

10 AM to 11 AM October 16, 23, 30; November 6, 13, 20, 27; Dec 4th

11 AM to 12 PM October 16, 23, 30; November 6, 13, 20, 27; Dec 4th

Please print and complete the form and send it with a cheque payable to:

Forest City Volleyball Club
705 Wellington Road South, London, N6C 4R4

