



## JUNIOR BULLDOGS - 2010/2011 SEASON REGISTRATION



**Burlington Lions Optimist Minor Hockey Association**  
3455 Fairview Street, Burlington ON L7N 2R4 • T 905.637.0731 • F 905.637.3556

REGISTRANT INFORMATION							
Last Name	First Name	D.O.B. dd    mmm    yy					
Street Address							
City	Postal Code	Phone					
Email							
Level of hockey played in Burlington 2009/2010 season <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">House League <input type="checkbox"/></td> <td style="width: 30%;">BLOMHA REP A <input type="checkbox"/> MD <input type="checkbox"/></td> <td style="width: 30%;">EAGLES A <input type="checkbox"/> AA <input type="checkbox"/> AAA <input type="checkbox"/></td> <td style="width: 10%;"></td> </tr> </table>				House League <input type="checkbox"/>	BLOMHA REP A <input type="checkbox"/> MD <input type="checkbox"/>	EAGLES A <input type="checkbox"/> AA <input type="checkbox"/> AAA <input type="checkbox"/>	
House League <input type="checkbox"/>	BLOMHA REP A <input type="checkbox"/> MD <input type="checkbox"/>	EAGLES A <input type="checkbox"/> AA <input type="checkbox"/> AAA <input type="checkbox"/>					
Other Association and level played 2009/2010 season <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: right;">N/A <input type="checkbox"/></td> </tr> </table>					N/A <input type="checkbox"/>		
	N/A <input type="checkbox"/>						
<b>FEE - \$329.00</b> Payable by cash or cheque to BLOMHA This fee may be paid in two installments of \$164.50. 1 <sup>st</sup> installment due Aug 31, 2010 and 2 <sup>nd</sup> installment due December 15, 2010							
IMPORTANT							
<ul style="list-style-type: none"> <li>There are ABSOLUTELY NO REFUNDS.</li> <li>Please read Program Information sheet</li> </ul>							
PARENT STATEMENT OF CONSENT							
I acknowledge that all of the above information is correct and I understand that regardless of whether my son/daughter attends all of the sessions I will be charged the full fee of \$329.00.							
<b>Parent / Guardian Signature</b>		<b>Date</b>					
<b>Program Information sheet received</b> _____ (parent initial required)							
OFFICE USE ONLY							
Cheque <input type="checkbox"/>	Cheque No.	Amount \$	Cash <input type="checkbox"/> Amount \$				
Cheque <input type="checkbox"/>	Cheque No.	Amount \$	Cash <input type="checkbox"/> Amount \$				
BLOMHA Initials		Date					