# Training to Train

## Registration

Athlete's Name:

Date of Birth:

Parent/Guardian's  Name:

Address (Street, City, Postal Code):

Phone (Cell or Home):

Email:

Program Dates

| April | Monday | Wednesday |
|---|---|---|
| | 2 | 4 |
| | 9 | 11 |
| | 16 | 18 |
| | 23 | 25 |
| | 30 | |

| May | Monday | Wednesday |
|---|---|---|
| | | 2 |
| | 7 | 9 |
| | 14 | 16 |
| | 21 | 23 |
| | 28 | 30 |

| Office Use | Fee | | Payment | | Form | | Date | |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |