

**JD & Intermediate
2024/25 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**