

# Gerow's School of Hockey Fundamentals

**Please register your son and/or daughter with a \$50.00 deposit to the Gerow Hockey School Program for the 2010 season. Please make cheques payable to Robert Gerow.**

**Participants Information:** (Please print)

Name 1: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ (yy/mm/dd) M  / F

Name 2: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ (yy/mm/dd) M  / F

Name 3: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ (yy/mm/dd) M  / F

Name 4: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ (yy/mm/dd) M  / F

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Tel: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_ / \_\_\_\_\_

Parent(s) Email: \_\_\_\_\_

Participant 1 Email: \_\_\_\_\_

Participant 2 Email: \_\_\_\_\_

Participant 3 Email: \_\_\_\_\_

Participant 4 Email: \_\_\_\_\_

Parent/Guardian Signature(s): \_\_\_\_\_

**Mail completed form to: Gerow School of Hockey Fundamentals  
P.O. Box 582  
Smithville, ON L0R 2A0**

**For more information contact Bob Gerow at (905) 957-3850 or  
Email: rgerow@gerowhockeyschool.com or info@gerowhockeyschool.com**