



# 2017 GIRLS GROUP REG FORM

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE of BIRTH \_\_\_\_\_ AGE \_\_\_\_\_

COURSE DATE \_\_\_\_\_

CONTACT NAME & RELATIONSHIP \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

CONTACT TEL NUMBER \_\_\_\_\_

WHAT DO YOU WANT YOUR DAUGHTER TO GET OUT OF THIS EXPERIENCE? \_\_\_\_\_

WHAT IS YOUR DAUGHTER MOST EXCITED ABOUT IN THIS PROGRAM

BRIEF PERSONALITY TRAITS (TRAITS THAT NEED ENHANCING & TRAITS THAT SHE HAS THAT WE SHOULD MAKE SURE WE BENEFIT FROM)

ANY MEDICAL ISSUES OR OTHER INFO WE SHOULD BE AWARE OF?

**\*\* We are so pleased your daughter is joining us for this incredible experience. Please contact Charlie at 416 697-8748 for more information. Please make payment on the website including daughters name and girls group she will be joining.**