

North York Aquatic Club

12 Bannockburn Ave., North York, ON M5M 2M8 PH: 416-785-0430 FX: 416-785-9697 e-mail: nyacswim@yahoo.ca

Triathlete Swim Training Program November 3, 2008 - September 11, 2009

Name: _____ Date of birth m/d/y: _____

Home Phone # _____ Emergency Tel.# _____

E-mail: _____ OAT # _____

Address: _____

Street Address & Suite/Unit #
City
Province
Postal Code

Practice schedule: Monday and Friday Douglas Snow Aquatic Centre 5:45 - 7:15 am
 Wednesday Glendon College 6:00 - 7:00 am

Swim Options and Fees:

please check one (if selecting twice or once a week please check which day you will attend)

		<u>paid by cheque</u>	<u>paid by Visa</u>
<input type="checkbox"/>	Three times a week: Monday / Wednesday / Friday	1,000.00	1,020.00
<input type="checkbox"/>	Twice a week: Monday <input type="checkbox"/> Wednesday <input type="checkbox"/> Friday <input type="checkbox"/>	800.00	816.00
<input type="checkbox"/>	Once a week: Monday <input type="checkbox"/> Friday <input type="checkbox"/>	500.00	510.00

*Please note that practice schedule is subject to change based on pool availability and statutory holidays.

I hereby make application for membership in the North York Aquatic Club and agree upon this application to become a debtor to the Club for the full amount of the annual swim fees.

Signature: _____ Date: _____

Payment schedule: (please check one)

- Cheque** (payable to NYAC) single payment due at the registration
 two equal payments by postdated cheques dated November 11 and March 1
 four equal payments by postdated cheques dated November 11, January 1, March 1, April 1

- Visa** single payment due at the registration two equal payments November 1 and March 1

Visa authorization:

Visa#		Expiry Date	Month		Year	
Name as printed on the card		Signature				