

# WapitiNordic JuniorRacers2007-2008

*Please Print Clearly (one form per family)*

## **Athlete**

Name(first& last): \_\_\_\_\_  
AB HealthCareNumber: \_\_\_\_\_  
Email: \_\_\_\_\_

Name (secondchild): \_\_\_\_\_  
AB HealthCareNumber: \_\_\_\_\_  
Email: \_\_\_\_\_

Name (thirdchild): \_\_\_\_\_  
AB HealthCareNumber: \_\_\_\_\_  
Email: \_\_\_\_\_

## **Parents:**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ P C: \_\_\_\_\_

Cell: \_\_\_\_\_ Home: \_\_\_\_\_

Email(theoneyoupreferusedifwe alreadyhavethem!!)

\_\_\_\_\_

Fee: \$80perChildpayabletoWNSC (asalways),  
returntoBlaineorClairatPractice.

ForDetailsandaSchedulesee[www.wapitinordic.com](http://www.wapitinordic.com)underprograms