RECREATION PROGRAM APPLICATION FORM

Name of Member: _____
Address: _____
City: _____ Postal Code:_____
Home Phone #: _____
Emergency Contact: _____ Phone #:_____

PROGRAMS:

Tuesday Night Program YES NO
Loyola Secondary School
7pm-9pm
No Charge

Sunday Night Bowling YES NO
(Every other Sunday of each month
beginning in October)
Streetsville Bowling
No Charge

Signature of Parent or Guardian_____ Date_____

****** Please return to Marla Mohan at 489 Louis Drive, Mississauga ON L5B 2N3 or call at (905) 272-0503***