



Office Use Only
SNA Participant # _____

Official Program Registration Receipt

Last Name: _____ First Name: _____ Age: ____ DOB: _D / _M / _Y_

Parent/Guardian Name: _____ (H) _____ (C) _____

Program	Day	Times	Start Date	End Date	Fee	NO REFUNDS
Basketballers	M	6:00-7:00 pm	Sept 17th	Dec 3rd	\$ 50	
Adult Yoga	T	6:00-7:00 pm	Sept 18th	Dec 4th	\$ 75	
Music w Janel	W	3:45-4:30 pm	Sept 19th	Dec 5th	\$ 120	
Lego Club	TH	4:00-5:30 pm	Sept 20th	Dec 6th	\$ 50	
Chill Zone	F	6:00-8:30 pm	Sept 21st	Dec 7th	\$ 60	
					\$	
LEAD	S/SU	9:00-3:00 pm	Nov10 & 11th		\$ 50	
Total Paid					\$	

Received from: _____ Cash/Chq/Credit _____

Signature: _____ SNA Rep Signature: _____

Date: _____

Silverheights Neighbourhood Association
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