



Participant Name:	
Address 1:	
Address 2:	
Town:	Postal Code:
Participant Email Address:	
Phone	Cell:
DOB:	Age:
MCP Number:	
Emergency Contact Name:	
Emergency Contact Number:	
*If submitting online please email to: Info@Holyrood.ca	
Signature: Parent/Guardian	Date
For Office Use Only:	
Stamp to confirm Payment:	