



FIRST LOVE REGISTRATION FORM

Mayfair Membership is not required to register for this program.

MAYFAIR WEST, 3855 Chesswood Drive (Sheppard W. & Dufferin)

Participant's Name _____ Male Female

Address _____ City _____ Postal Code _____

Home Phone _____ Business Phone _____ Cell Phone _____

Email Address _____ Date of Birth _____

PLEASE SELECT ONE CLINIC. CLINIC COST (NON-MEMBER PRICE): \$299 + HST PER PERSON

SESSION 1	<input type="checkbox"/> CLINIC 1	September: 5, 7, 12,14, 19, 21 Monday / Wednesday: 8:30 pm to 10:30 pm
	<input type="checkbox"/> CLINIC 2	September: 10, 11, 17,18, 24, 25 Saturday / Sunday: 4:30 pm to 6:30 pm
SESSION 2	<input type="checkbox"/> CLINIC 3	October: 3, 5, 10, 12, 17, 19 Monday / Wednesday: 8:30 pm to 10:30 pm
	<input type="checkbox"/> CLINIC 4	October: 1, 2 , 8, 9, 15, 16 Saturday / Sunday: 4:30 pm to 6:30 pm

Payment Method · Please complete Credit Card information below.

Credit Card No. _____ Exp. Date _____

Name on Card _____

This completed registration and payment confirms reservation. All students are asked to arrive at the Club 15 minutes before their first class. All students must wear non-marking sneakers or regulation tennis shoes.

Please send completed form to: **MAYFAIR WEST** T. 416.638.1010 • F. 416.638.1575
3855 Chesswood Drive (Sheppard W. & Dufferin)

By use of Club facilities, the applicant expressly agrees that Mayfair, its officers, directors, employees, servants or agents, shall not be liable in any manner whatsoever for any damages of any nature or kind whatsoever arising from any injuries sustained by the applicant or his/her guests, in or about the premises of said facilities; nor shall Mayfair, its officers, directors, employees, servants or agents be held liable for any loss or theft of personal property, howsoever caused, whether such injury, loss or damage is caused by an act of negligence or omissions of staff, management or any other person.

Signature

Date