2009/2010 REGISTRATION

JUNIOR TEST

☐ Monday 5:30 - 6:15 with Canskate

☐ Saturday 1:45 - 2:30 with Private

Skater's Name: _____ _____ **M F**
First Last Circle One

Address: _____

Postal Code: _____ **Home Phone #:** ( ) _____

Date of Birth: ___/___/___ **Health Card #:** _____
Day Month Year optional

E-mail Address: _____

Name of Parents/Guardians: _____

Emergency Contact (other than parent): _____ **Phone #** _____

Any medical concerns?: _____

CSC Returning Member _____ **Other Club** _____
Skate Canada # Skate Canada #

Last Canskate Badge passed _____ **(must have passed at least Stage 3)**

FEES

$310 with Canskate Program	Annual Fee (from column at left)	$ _____
$325 with Private Program	Skate Canada Membership Fee	$ 31.00
	TOTAL OWING	$ _____

PAYMENT OPTIONS

Paid in Full _____ Cash _____ Cheque

Post Dated Cheques with a $50 non-refundable deposit $50 Cash Cheque

Post dated payment amount _____ Sept. 15/09
_____ Oct. 15/09
_____ Nov. 15/09
_____ Dec.15/09

_____
Parent/Guardian

_____
CSC Executive