2009/2010 REGISTRATION

PRECANSKATE

☐ Monday 5:30 - 6:00 ☐ Monday 6:00 - 6:30

☐ Tuesday 5:30 - 6:00 ☐ Tuesday 6:00 - 6:30

☐ Saturday 12:30 - 1:00 ☐ Saturday 1:00 - 1:30

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 #

Any previous skating experience _____

FEES

$85	10 weeks (Oct. - Dec) or (Jan. - Mar.)	Annual Fee (from column at left)	$ _____
$150	20 weeks (Oct. - Mar)	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