

2009/2010 REGISTRATION



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 #

Coach's Name: _____ Highest Test Passed - _____ Skills _____

Dance _____

Freeskate _____

FEES

2 days/week: \$400

3 days/week: \$600

Annual Fee (from column at left) \$ _____

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