



2009/2010 REGISTRATION

TEAM SKATE



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

Address: _____

Postal Code: _____ Home Phone #: () _____

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

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 Badge or Test passed _____ (must have passed at least Canskate stage 4)

FEES

\$225	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
Parent/Guardian		_____	Oct. 15/09
_____		_____	Nov. 15/09
CSC Executive		_____	Dec.15/09