2011/2012 REGISTRATION

PARENT AND TOT

☐ Tuesday 6:00 - 6:30

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

$60 10 weeks (Oct. - Dec)

Annual Fee (from column at left)		$ _____
Skate Canada Membership Fee		$ 32.00
50/25/25 Tickets	$	50.00
TOTAL OWING		$ _____

In order to keep registration fees low, we require every family to sell a book ($50) of 50/25/25 tickets.

PAYMENT OPTIONS

Paid in Full _____ Cash _____ Cheque

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

Post dated payment amount

_____	Sept. 15/11
_____	Oct. 15/11
_____	Nov. 15/11
_____	Dec.15/11

_____
Parent/Guardian

_____
CSC Executive