2011/2012 REGISTRATION

STAR SKATE

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

Address: _____

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

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

E-mail Address: _____

Name of Parents/Guardians: _____

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

Any medical concerns?: _____

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

Coach's Name: _____ **Highest Test Passed -** **Skills** _____ **Dance** _____ **Freeskate** _____

FEES

1 hour/week:	$320
1 day/week:	$410
2 days/week:	$535
3 day/week:	$725

We require every family to sell a book of 50/25/25 tickets

Annual Fee (from column at left)	$	_____
Skate Canada Membership Fee	$	32.00
Carnival Fee	$	20.00
	$	50.00
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. 15/11
_____	Oct. 15/11
_____	Nov. 15/11
_____	Dec.15/11

_____ Parent/Guardian

_____ CSC Executive