SPRING 2010 REGISTRATION

Skate Canada

CANSKATE

☐ Monday 6:30 - 7:20

Caledonia Skating Club

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 #

Last Canskate Badge Passed _____ **Any Previous Skaging Experience** _____

FEES

$65

only payable if not a 2009/2010 member $ 31.00

TOTAL OWING $ _____

PAYMENT OPTIONS

Paid in Full _____ Cash _____ Cheque

_____
Parent/Guardian

_____
CSC Executive