SPRING 2010 REGISTRATION

Skate Canada

PRECANSKATE

Caledonia Skating Club

☐ Monday 6:30 - 7:00 ☐ Monday 7:00 - 7:30

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 #

Any previous skating experience _____

FEES

$48

only payable if not a 2009/2010 member $ _____ 31.00

TOTAL OWING $ _____

PAYMENT OPTIONS

Paid in Full _____ Cash _____ Cheque

_____
Parent/Guardian

_____
CSC Executive