



Fall / Winter Registration Form

COMPETITIVE PROGRAM – Fall/Winter 2009-2010

Please complete one Registration Form per skater.

Skater's First Name: _____ Last Name: _____ Middle Initial: _____

Mother's Name: _____ Father's Name: _____

Address: _____ City: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email:* _____ (please print clearly as Club communication will be by EMAIL)

Date of Birth:(yyyy/mm/dd) _____ Age: _____ Sex: M F (please circle one)

Skate Canada Membership #: _____

Special Needs/Allergies: _____

Emergency Contact Name: _____ Phone #: _____

Relationship to Skater: _____

*** HAVE YOU FILLED IN YOUR EMAIL ADDRESS? EMAILS WILL BE USED TO SHARE CLUB INFORMATION.**

COMPETITIVE PROGRAM (Wed. Sept. 9, 2009 – Wed., April 7, 2010)

COMPETITIVE	Monday: _____	6:30 - 7:50 AM	3 Day: \$1310
	Wednesday: _____	6:30 - 7:50 AM	
	Friday: _____	4:00 - 5:50 PM	
			Price includes club jacket!

SSB	Monday: _____	7:15 - 8:50 PM
	Wednesday: _____	5:45 - 7:20 PM
	Thursday: _____	7:15 - 8:50 PM

COMPETITIVE/ STARSKATE COMBINATION	MINIMUM 3 DAY/WEEK PACKAGE WHICH INCLUDES AT LEAST 2 COMPETITIVE DAYS. Please indicate in the above sections which days you are choosing.	
3 Day:	2 Comp. & 1 SSB or 1 Comp. & 2SSB	\$1310
4 Day	3 Comp. & 1 SSB or 2 Comp. & 2 SSB	\$1550
		Price includes club jacket!

