

## Coquitlam Skating Club - Winter March 21-26 2010

### Skater Registration Form

	Session Name	Start	End	# of Weeks	Instruction Included in Fee	Fee BEFORE DISCOUNTS	NET FEE PAID
<b>MONDAY</b>	Open 1	7:00 AM	8:30 PM	1	None	7.00	
	Open 2	2:30PM	3:30 PM	1	None	7.00	
	Junior	3:30-4:30PM	4:30-4:45 PM	1	15 min Skill Devt.	9.00	
	Int/Sr	5:00PM	6:00PM	1	None	11.00	
<b>TUESDAY</b>	Open 3	2:15 PM	3:15 PM	1	None	7.00	
	Intermediate	3:30-4:30 PM	4:30-4:45 PM	1	15 min Skill Devt.	11.00	
	Senior Comp	5:00PM	6:00PM	1	None	7.00	
<b>WED</b>	Open 4	7:00 AM	8:30 PM	1	None	7.00	
	Open 5	2:30PM	3:30 PM	1	None	7.00	
	Junior	3:30 PM	4:30 PM	1	None	6.00	
	Senior Comp	4:45-5:00 PM	5:00-6:00 PM	1	15 min Skill Devt.	12.00	
<b>THURSDA</b>	Open 6	2:30PM	3:30 PM	1	None	7.00	
	Intermediate	3:30-4:30 PM	4:30-4:45 PM	1	15 min Skill Devt.	11.00	
	Senior Comp	5:00 PM	6:00 PM	1	None	7.00	
<b>FRIDAY</b>	Open 7	7:00 AM	8:30 PM	1	None	7.00	
	Open 8	2:30 PM	3:30 PM	1	None	7.00	
	Junior	3:45 PM	4:30PM	1	None	5.00	
	Senior Comp	4:45-5:00 PM	5:00-6:00 PM	1	15 min Skill Devt.	12.00	
<b>SAT.</b>							

PROGRAM FEE SUBTOTAL \$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**TOTAL FEES PAYABLE \$** \_\_\_\_\_

**Non-CSC Members:**

Please have your Home Club Test Chairperson  
verify your Test Credentials and good Club  
Standing by signing below.

Signature of Home Club Test Chairperson

**Phone:**



# Coquitlam Skating Club Additional Ice March 8-19 2010

Use only one form per skater. Please complete form in full.

## SKATER INFORMATION:

NAME:

SURNAME

GIVEN NAME

INITIAL

ADDRESS: STREET: \_\_\_\_\_ CITY: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

BIRTHDATE (MM/DD/YY): \_\_\_\_/\_\_\_\_/\_\_\_\_

ALLERGIES: \_\_\_\_\_ MALE \_\_\_\_ FEMALE \_\_\_\_

SKATE CANADA NUMBER: (10 DIGITS): \_\_\_\_\_

## STAR SKATE OR HIGHER LEVELS-PLEASE COMPLETE

### TESTS PASSED:

FREESKATE: \_\_\_\_\_ COMPETITIVE: \_\_\_\_\_ DANCE: \_\_\_\_\_

COACH(ES): \_\_\_\_\_

PHONE NO.(s) IF NOT CLUB COACH: \_\_\_\_\_

## CONTACT INFORMATION:

MOTHER: \_\_\_\_\_

FATHER: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

## PAYMENT OF FEES:

Total Amount Due \$ \_\_\_\_\_

Please make all cheques payable to the Coquitlam Skating Club

## CREDIT CARD PAYMENTS

Payment 1 Amount: \$ \_\_\_\_\_ To be processed March 08 2010

VISA \_\_\_\_ MC \_\_\_\_ Card Number: \_\_\_\_\_ Expiry Date \_\_\_\_/\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Card holder will pay card issuer above amount (TOTAL FEES) pursuant to cardholder agreement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_