

Early Figure Skating Academy

Wednesdays

Sept. 21 - Dec. 14, 2011/Jan. 4 - March 7, 2012

Wed	On-Ice	3:30-4:15pm	
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Total Fees for Wednesdays = \$310.00

Early Figure Skating Academy

Saturdays

Sept. 17 - Dec. 10, 2011/Jan. 7 - March 3, 2012

Sat	On-Ice	8:15-9:15am	
	Off-Ice Class	9:30-10:00am	

Total Fees for Session #2 = \$388.00

***You may purchase 1 day or both days of Early Figure Skating instruction.**

The Saturday session fee includes off-ice training for figure skaters. These sessions begin September 17 in the Rec Rink. Sheri Delmaestro, off-ice trainer, will meet the skaters after their on-ice session to take them to their off-ice room. For additional skating sessions see Competitive Registration Brochure. For private lessons contact coaches directly.

SAVE YOURSELF MONEY

Note 1: Deadline Dates:

CSC members: August 29, 2011

Non CSC members: September 3, 2011

Note 2: A family discount opportunity of 10% exists if 3 or more family members are utilizing the CSC's services from any program or discipline.

Note 3: A fee of \$33.00 must be paid annually to Skate Canada for insurance purposes. This fee is non-refundable.

Note 4: Ice credits, if you have any, should be shown here, stapled to this sheet and returned to the Registrar for account credit.

Out of Club Skaters:

Please have your test-chairperson sign to verify your test qualifications and confirm that you are a member in good standing with your home club.

Signature: _____

Print Name of Test Chairperson: _____

	SUBTOTAL
Less 3% if CSC member registering by appropriate deadline date (Note 1)	
Less 3% if paying by cheque or cash (Note 1)	
Less 10% if eligible for family discount (Note 2)	
Add \$33.00 Skate Canada Fee	\$33.00
(Note 3)	
Less Ice Credits (if applicable) (Note 4)	
TOTAL	

Date: _____

Phone: _____

Coquitlam Skating Club

2011-2012 Fall/Winter Skating Season

Mail completed forms to: Sherri Ellsworth, 20787 River Road, Maple Ridge, BC, V2X1Z8

SKATER INFORMATION:

NAME: _____
Surname Given Name Initial

ADDRESS: STREET: _____ CITY: _____

POSTAL CODE: _____ HOME PHONE: _____

E-MAIL ADDRESS: _____ HEALTH NO: _____

BIRTHDATE (MM/DD/YY): ____/____/____ MALE ____ FEMALE ____

ALLERGIES: _____ HOME CLUB: _____

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: _____ PHONE: _____

FATHER: _____ PHONE: _____

EMERGENCY CONTACT: _____ PHONE: _____

PAYMENT OF FEES:

Total Fees owing for Fall/Winter 2011-2012 = _____

Cheque 1 Amount:\$ _____ Date of Cheque: September 6th, 2011

Cheque 2 Amount:\$ _____ Date of Cheque: November 14, 2011

Cheque 3 Amount:\$ _____ Date of Cheque: January 16, 2012

Please make cheques payable to the **Coquitlam Skating Club**.

CREDIT CARD PAYMENTS

Payment 1 Amount:\$ _____ To be processed: September 6th, 2011

Payment 2 Amount:\$ _____ To be processed: November 14th, 2011

Payment 3 Amount:\$ _____ To be processed: January 16th, 2012

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: _____