

**Coquitlam Skating Club -Winter 2009 EXTRA ICE
Skater Registration Form**

Session	Start	End	Session Length	Session	Qualifications	NET FEES
Monday August 31	2:15	3:15	1 hour	Intermediate Session		9.00
Monday August 31	3:30	4:30	1 hour	Senior Session		9.00
Tuesday September 1	2:15	3:15	1 hour	Junior Session		9.00
Tuesday September 1	3:30	4:30	1 hour	Senior Session		9.00
Tuesday September 1	4:45	5:45	1 hour	Intermediate Session		9.00
Tuesday September 1	6:00	7:00	1 hour	Senior Session		9.00
Wed September 2	2:15	3:15	1 hour	Junior Session		9.00
Wed September 2	3:30	4:30	1 hour	Senior Session		9.00
Wed September 2	4:45	5:45	1 hour	Intermediate Session		9.00
Wed September 2	6:00	7:00	1 hour	Senior Session		9.00
Thurs September 3	2:15	3:15	1 hour	Junior Session		9.00
Thurs September 3	3:30	4:30	1 hour	Senior Session		9.00
Thurs September 3	4:45	5:45	1 hour	Intermediate Session		9.00
Thurs September 3	6:00	7:00	1 hour	Senior Session		9.00
Friday September 4	2:15	3:15	1 hour	Junior Session		9.00
Friday September 4	3:30	4:30	1 hour	Senior Session		9.00
Friday September 4	4:45	5:45	1 hour	Intermediate Session		9.00
Friday September 4	6:00	7:00	1 hour	Senior Session		9.00
Wed September 9	3:30	4:15	.75hr	Open Session		6.75
Fri September 11	3:30	4:15	.75hr	Open Session		6.75
Sat September 12	6:45	7:45	1 hr	Open Session		5.00
Tues September 15	7:00	8:00	1 hr	Open Session		5.00
Thurs September 18	7:00	8:00	1 hr	Open Session		5.00
Sat September 19	6:45	7:45	1 hr	Open Session		5.00

TOTAL FEES

Please pay for extra ice separately. No discounts are given on the EXTRA ICE for Winter

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: _____ Date: _____

Print Name of Test Chairperson: _____ Phone: _____

PAYMENT OF EXTRA ICE FEES:

Total Extra Ice Fees Owing for Spring 2009: \$ _____

Winter

Cheque 1 Amount: \$ _____ Date of Cheque: **August 31, 2009**

Please make all cheques payable to Coquitlam Skating Club

CREDIT CARD PAYMENTS

Payment Amount: \$ _____ To be processed as soon as possible after August 31, 2009

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: _____