

**Coquitlam Skating Club - 2011-2012 Fall/Winter
Skater Registration Form**

	Session Name	Start Time	Finish Time	# of Weeks	Skill Development Instruction Fee Included	Fee BEFORE DISCOUNTS	NET FEE PAID
MONDAY	Cheapskate 1	7:00am	8:30am	23	None	184.00	
	Competitive	2:30pm	3:30pm	23	None	161.00	
	Junior	3:30pm	4:45pm	23	15 min Skill Devt.	299.00	
	Intermediate	5:45pm	7:15pm	23	30 min Skill Devt.	322.00	
	Senior	6:45pm	8:30pm	23	30 min Skill Devt.	322.00	
	Adult/Teen	8:45pm	9:45pm	23	None	414.00	
TUESDAY	Competitive	2:15pm	3:15pm	25	None	175.00	
	Intermediate	3:30pm	4:45pm	25	15 min Skill Devt.	350.00	
	Senior	5:00pm	6:15pm	25	15 min Skill Devt.	350.00	
	Junior	7:15pm	8:30pm	25	15 min Skill Devt.	325.00	
	Open Dance	8:30pm	9:45pm	25	None	275.00	
WEDNESDAY	Cheapskate 2	7:00am	8:30am	25	None	200.00	
	Competitive	2:30pm	3:30pm	25	None	175.00	
	Junior	4:30pm	5:45pm	25	15 min. Skill Devt.	325.00	
	Senior	6:00pm	7:15pm	25	15 min. Skill Devt.	350.00	
	Intermediate	7:00pm	8:30pm	25	15 min. Skill Devt.	350.00	
THURSDAY	Competitive	2:15pm	3:15pm	25	None	175.00	
	Junior	3:30pm	4:30pm	25	None	225.00	
	Senior	4:45pm	6:00pm	25	15 min Skill Devt.	350.00	
	Intermediate	6:15pm	7:30pm	24	15 min. Skill Devt.	336.00	
	Jr Dance	7:45pm	8:45pm	24	None	216.00	
	Sr Dance	8:45pm	9:45pm	25	None	225.00	
FRIDAY	Cheapskate 3	7:00am	8:30am	24	None	192.00	
	Competitive	2:30pm	3:45pm	24	None	210.00	
	Senior	4:45pm	5:45pm	24	None	216.00	
	Junior	6:00pm	7:00pm	23	None	207.00	
	Intermediate	7:15pm	8:15pm	23	None	207.00	
SAT.	Junior	7:15am	8:15am	23	None	207.00	
	Intermediate	9:30am	10:30am	23	None	207.00	
	Senior	11:30am	12:30am	23	None	207.00	

<p>Non-CSC Members:</p> <p>Please have your Home Club Test Chairperson verify your Test Credentials and good Club Standing by signing below.</p> <p>Signature of Home Club Test Chairperson</p> <p align="right">Phone:</p>	<p align="right">PROGRAM FEE SUB-TOTAL \$</p> <hr/> <p>Less 3% to CSC members before deadline \$</p> <hr/> <p>Less 3% if paying by cash or cheque \$</p> <hr/> <p>Less 10% family discount (if applicable) * \$</p> <hr/> <p>Less Ice Credits (if applicable) ** \$</p> <hr/> <p>Add Simulation (if desired) \$7.00 (October 10, 2011 9:00am-3:00pm) \$</p> <hr/> <p align="right">2011-2012 Skate Canada Fee (pay annually in Sept.) *** \$33.00</p> <hr/> <p align="right">TOTAL FEES PAYABLE \$</p> <hr/>
	<p>****Simulations will take place October 10, 2011 (9am-3pm)</p>

* 10% discount if 3 or more family members are utilizing CSC's services from any program or discipline.

** Ice credits should be stapled to this sheet and returned to the Registrar for account credit.

*** A non-refundable annual mandatory fee charged by Skate Canada to every registered member.

Coquitlam Skating Club 2011-2012 Fall/Winter Registration Form

Use separate form for each skater. Please complete form in full.

SKATER INFORMATION:

Name: _____
Surname Given Name Initial

Address: _____ City: _____

Postal Code: _____ Home Phone: _____

E-mail Address: _____ Cell Phone: _____

Birthdate: _____ Age: _____ Male _____ Female _____

Skate Canada Number (10 digits): _____

Care Card Number: _____

Allergies or Medical Conditions: _____

SKATING LEVEL:

TESTS PASSED:

Freeskate: _____ Competitive: _____ Dance: _____

Coach(es): _____

Phone Number (if not a club coach): _____

CONTACT INFORMATION:

Mother: _____ Phone Number: _____

Father: _____ Phone Number: _____

Emergency Contact: _____ Phone Number: _____

PAYMENT OF FEES:

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

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

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

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

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

CREDIT CARD PAYMENTS

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

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

Payment 2 Amount:\$ _____ To be processed: January 16, 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: _____