## Champions Training Centre Recreational Registration Form Summer School Program: July 2 - August 2, 2018 Hespeler Arena

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Skater Name:	Parents Name:								
Address:			City				Postal Code		
Email Address:			Birthdate: Month Day Year						
Home Phone #	Last Badge Passed:								
To contact our office call to Please mark an "x" for the			or email	us a	t info@sl	katecto	c.com		
Skaters are required to sign up		um of 4 sess	sions, ma	aximur	m 10 sessio	ons.			
Please indicate dates of the s	sessions:								
Buddies on Blades Tuesday 5:30pm - 6:00pm Tuesday 6:00pm - 6:30pm	Thursday 5:30pm - 6:00pm Thursday 6:00pm - 6:30pm								
CanSkate - Learn to Skate/ Can Tuesday 5:30pm - 6:30pm	Figure Skati	ng - Adv Red	c Prograr		rsday 5:30	0pm - 6	6:30pn	n	
Hockey Skills Program Thursday 5:30pm - 6:30pm		·							
Insurance Policy: All skaters participate (Sept to Aug) is \$ 36.00. If you have already paid for this insurance	ur child skated	this winter wit	th a skate o	canada	skating club	(ie: Prest	on FSC)		
	Indicate						(	Grand	
Fee Structure:	Program	# of days		Daily Cost			Total		
Pre-School (Buddies)			X	\$	9.00	=	\$	-	
CanSkate (learn to skate)			X	\$	11.55	=	\$	-	
CanFigureSkate			X	\$	11.55	=	\$	-	
Hockey Skills Program			X	\$	19.15	=	\$	-	
					ubtotal	\$			
Annual Insurance Fee (if not already purchased)				+	HST	\$			
Annual insurance ree (11 11	ot aireauy	purcnaseu	1)	\$	36.00	\$			
				To	tal:	\$			
By typing your initials in this sq policy procedure and accept the	ese condition		iew see d	docum	ent below			ad the pay	
Would you like information of	on private	one on one	elesson	syes	or no		]		
Payment Procedure:	Indicate 7	Type of Cre	edit Card	d: (cho	oice VISA	or Ma	sterCa	ard)	
Cardholder I	•						<del></del>		
Credit Card	Number:					3 or 4 d	liait on l	back of card	

Phone Number:

Expiry Date: