

**2010 SKATE CANADA – CENTRAL ONTARIO
SYNCHRO SKILL SESSIONS**



Registration Form

March 13, 20, 27, 2010

Ed Sackfield Arena, 311 Valleymede Drive, Richmond Hill, Ontario

**Registration Fee: \$60.00 per skater for the 3 nights
or \$25.00 per skater per night**

Registration: 4:00 pm

Ice Time: 4:30 pm – 6:00 pm

INDIVIDUAL REGISTRATION

Please indicate the days you will be attending: March 13 March 20 March 27

Name: _____

Phone: _____

Address: _____

e-mail: _____

Date of Birth: _____

Age as of July 1: _____

Skate Canada Number: _____

Team Name _____

Level _____

Coach _____

Phone: _____

e-mail: _____

Will your coach(es) be attending the sessions? Yes No

I agree that in the event of any injury, damage or loss to waive and release any and all claims that I may have against the coach(s) and/or administration of Skate Canada – Central Ontario.

Signature: _____

Date: _____

(Signature of parent or guardian required for any skater under the age of 18.)

Please send completed registration form by **Wednesday March 10th, 2010** to:

Att: Patti White, Manager, Programs and Services

Skate Canada – Central Ontario

111 Snidercroft Road, Unit A

Concord, ON, L4K 2J8

Telephone: 905-760-9100 ext 224

Fax: 905-760-9104

patti@skatecanada-centralontario.com

*Note: Registration forms will be accepted on a first come first served basis.
Late registration forms may be considered.*