



SAUGEEN SHORES SKATING CLUB REGISTRATION FORM

SKATER INFORMATION	
Last Name _____	First Name _____
Birthdate _____	Initial _____
SC # _____	
Address _____ _____	
Mother _____	Father _____
Phone (h) _____	Phone _____
(w) _____	Work _____
Cell _____	Cell _____
E-mail _____	E-mail _____
Emergency Contact: Name _____ Phone _____	
Is Skater Health Form still accurate? Yes / No If no, new form MUST be attached. Date: _____	

PROGRAM CHOICES (Please Circle)				
CanSkate	Monday		Thursday	
Pre-Junior	Monday		Thursday	
Junior	Monday		Thursday	Saturday
Intermediate A	Monday		Thursday	Saturday
Intermediate B	Monday		Thursday	Saturday
Senior	Monday		Thursday	Saturday
Male Partnering	Monday			Saturday

FEES SUMMARY		
Explanation of Fees	\$ Amount	
Program Fee(s)		
Male Partnering		
Skate Canada Fee	\$30	
Picture Fee	\$10	
Raffle Tickets (mandatory)		
Total Registration Fee		
Fundraising cheque (dated Mar. 31/2009)		

Date Registered: _____	By (initials): _____
Submitted to C.O.S.: _____	By (initials) _____