## Salmon Arm Skating Club Registration Form Intermediate & Senior Fall 2019

PO Box 1488, Salmon Arm, BC V1E 4P6  $\,$ 

salmonarmskatingclub@gmail.com

www.saskatingclub.com

Contact: Lori-Ann Williams 250-803-2583 or Crystal de Boer 250-575-8411



NAME:			NDER:	
DATE OF BIRTH:			1AIL:	
ADDRESS/CITY:			STAL CODE:	
PARENT/GUARDIAN:			CONTACT #:	
CARECARD #:			4 1	
HEALTH CONCERNS			<i>a</i>	
			ATE CANADA # (If Known):	
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Preferred Way to C			TEXT: EMAIL:	
- 0				N
- 1	ALL PROGRA		ER 16 <sup>th</sup> TO DECEMBER 9 <sup>th</sup> 2	019
Disamon	Davis		14 <sup>th</sup> & November 11 <sup>th</sup> )	A see a see by
Program:	<u>Day</u> :	<u>Drop in Price</u> :	Full Session Price:	Amount:
Intermediate	Monday	\$21	\$190 (11 Sessions)	
Intermediate	Wednesday		\$200 (12 Sessions)	and the second
Intermediate	Thursday	\$22	\$200 (12 Sessions)	BC 3/2/2 / 3/
Senior StarSkate	Monday	\$24	\$220 (11 Sessions)	F FFICE
Senior StarSkate	Wednesday	\$25	\$230 (12 Sessions)	
Senior StarSkate	Thursday	\$25	\$230 (12 Sessions)	
Membership Fee (F	Paid Once/Skating Year	Sept to Aug)	\$43.75	
(Insurance Fee- \$.75, BC	C/Yukon Section Fee- \$2	20, Skate Canada Fee \$20,		-
			AMOUNT DUE:	
Times:			-	A CONTRACTOR OF THE PARTY OF TH
				Sept 19 <sup>th</sup> @ <b>5:45PM to 7:00PM</b>
			Wednesday- Sept 25 <sup>th</sup> to Dec 4	<sup>th</sup> @ 4:00PM to 5:15PM /
		9 5:15PM to 6:30PM	III /%	
			1 to 7:00PM / Thursday- Sept 1	
	•		Wednesday- Sept 25 <sup>th</sup> to Dec 4	<sup>th</sup> @ 5:00PM to 6:30PM /
Thursday- S	ept 26 <sup>th</sup> to Dec 5 <sup>th</sup> @	9 6:00PM to 7:30PM		
Family Discount of 4	00/ off and had intend		industriates deleter (NO disco	unt an Marcharchin Fact Full
	_		nird registered skater. (NO disco	
			on request ONLY. SASC now acc	epts E-transfer as well as cash or
cheque. L-transier F	355WOIU. 3A3C2013 F	lease, provide skater s	manie on the L-transier.	
PLEASE READ AND S	SIGN BELOW:			
		mhers Program Assis	tants and Employees (Coaches)	) responsible for any injuries or
		nts held by the SASC.	tures and Employees (educites)	responsible for any injuries of
	_	, BC/ Yukon Section ar	nd the SASC.	
,		•	SASC. Medical documentation	may be required. The
Membership Fee is i	•	,		,,
Signati	ure:			
3				-
Office Use Only:	Received By:	Amount Collec	ted: Cash / E-Transfe	er / Cheque Cheq #:
-		anged: Yes or No Da		