

Tom Graham Arena Complex 1300 Elgin Mills Rd. E, Richmond Hill, ON Phone: (905) 884-1361 Fax: (905) 884-5605

Email: richmondtc@rogers.com



March Break Ice - March 12th to March 16th, 2018

Name:				Birth Date: Sex: M \square F \square			
			Не	Health Card:			
				Home Phone:			
				Email:			
				Coach(es):			
				Competition Level:			
				•			
Check	desired sessions	and Num	ber	of S	essions/Day		
√	Session T	imes		1	# of Sessions/	'Day	
08	3:10am - 09:00am	Open			1 Session/Day		
00	09:10am - 10:00am Open				\$15.00/Day	•	
			_			HST Included	
10	0:10am - 11:00am	<u>'</u>		-	2 Sessions/Day \$28.00/Day HST Included		
1	1:10am - 12:00pm						
12	2:10pm - 01:00pm	Elite			2 Cossions /D	1214	
0	01:10pm - 02:00pm Pre-Juv & up 02:10pm - 03:00pm Elite 03:10pm - 04:00pm Elite				3 Sessions/Day \$38.00/Day HST Included	•	
02							
0.							
Circle	desired Days of t	ha Waak					
Circle desired Days of the Week Monday Tuesday Wee				esda	y Thursday	Friday	
The applica loss however	nt agrees that Richmond T er caused and agrees to rel	raining Centre ease the Centr	or its p e and it	roprie s prop	nedules, qualifications, and fees. tors will not be held responsible for prietors from all claims and damage S ONCE SESSIONS HAVE STARTED.	es which may arise	
A	LL SESSIONS AR	E TO BE P	RE-E	800	KED AND PAID IN ADV	ANCE	
Payments:	□ Cash □ Cheque □	Visa □ M/C	□ Deb	oit	Total Due:		
Credit Card #:					Expiry Date:		
Parent/Guardian Signature:					Date:		

Check our website for cancellation dates: www.richmondtc.com