



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

Summer Program - July 2nd, 2018 to August 10th, 2018

Name: _____ Birth Date: _____ Sex: M F
 Address: _____ Health Card: _____
 City: _____ Home Phone: _____
 Postal Code: _____ Email: _____
 Skate Canada #: _____ Coach(es): _____
 Name of Parent/Guardian: _____ Competition Level: _____

Accommodations Required: Yes No

MEMBERSHIP REQUEST (Check desired level ✓)

	Monday	Tuesday	Wednesday	Thursday	Friday	✓
Pre-Comp.	4:15pm-5:00pm	4:15pm-5:00pm	4:15pm-5:00pm	4:15pm-5:00pm	N/A	
Comp.	8:00am-8:45am 8:55am-9:40am 10:45am-11:30am	8:00am-8:45am 8:55am-9:40am 10:45am-11:30am	8:00am-8:45am 8:55am-9:40am 10:45am-11:30am	8:00am-8:45am 8:55am-9:40am 10:45am-11:30am	8:00am-8:45am 8:55am-9:40am 10:45am-11:30am	
Pre-Elite	9:50am-10:35am 11:40am-12:25pm 1:30pm-2:15pm	9:50am-10:35am 11:40am-12:25pm 1:30pm-2:15pm	9:50am-10:35am 11:40am-12:25pm 1:30pm-2:15pm	9:50am-10:35am 11:40am-12:25pm 1:30pm-2:15pm	9:50am-10:35am 11:40am-12:25pm 1:30pm-2:15pm	
Elite	12:35pm-1:20pm 2:25pm-3:10pm 3:20pm-4:05pm	12:35pm-1:20pm 2:25pm-3:10pm 3:20pm-4:05pm	12:35pm-1:20pm 2:25pm-3:10pm 3:20pm-4:05pm	12:35pm-1:20pm 2:25pm-3:10pm 3:20pm-4:05pm	12:35pm-1:20pm 2:25pm-3:10pm 3:20pm-4:05pm	

Management, at its discretion, reserves the right to change the schedules, qualifications, and fees.

Applications will not be processed without 50% of the membership fee.

A **deposit** of 50% or more of the total membership fees for the school to which this application applies must be enclosed herewith. The balance is to be paid with a VISA, Mastercard, or post-dated cheque dated no later than June 23rd. **50% PAYMENT PLAN ONLY APPLIES TO FULL MEMBERSHIPS.** For partial memberships, a \$50.00 fee will be charged. There is a \$50.00 service charge on any refund or adjustment to the membership. No refunds will be paid after the school opens without a medical certificate. The applicant agrees that RICHMOND TRAINING CENTRE and/or its proprietors will not be held responsible for any accidents or loss however caused and agrees to release the centre and/or the proprietors from all claims and damages which may arise as a result of or by reasons of such accidents or loss.

of Weeks: _____

Date: _____ to _____

Payments: Cash Cheque Visa M/C Debit

Total Due: _____

Credit Card #: _____ Expiry Date: _____

Parent/Guardian Signature: _____ Date: _____

Mailing Address: Box 30507 - 10620 Yonge Street, Richmond Hill, Ontario L4C 4H0