



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

Spring Daytime Ice - April 29th, 2019 to June 28th, 2019

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: _____

Check desired sessions, & Number of Sessions/Day

Session Times		✓	# of Sessions/Day	✓
7:00am - 8:00am	Open (Tu, W, Th)	<input type="checkbox"/>	1 Session/Day \$15.00/Day HST Included	<input type="checkbox"/>
11:10am - 12:00pm	Elite	<input type="checkbox"/>		
12:10pm - 1:00pm	Elite	<input type="checkbox"/>	2 Sessions/Day \$30.00/Day HST Included	<input type="checkbox"/>
1:10pm - 2:00pm	Pre-Elite & Up	<input type="checkbox"/>		
2:10pm - 3:00pm	Juv & Up	<input type="checkbox"/>	3 Sessions/Day \$40.00/Day HST Included	<input type="checkbox"/>
3:10pm - 4:00pm	Juv & Up	<input type="checkbox"/>		
4:10pm - 5:00pm	Open	<input type="checkbox"/>		

Circle desired Days of the Week

Monday Tuesday Wednesday Thursday Friday

Additional Notes:

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

The applicant agrees that Richmond Training Centre or its proprietors will not be held responsible for any accidents or loss however caused and agrees to release the Centre and its proprietors from all claims and damages which may arise as a result of or by reasons of such accidents or loss.

*****ALL PAYMENTS ARE TO BE MADE IN ADVANCE*****

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