



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 29<sup>th</sup>, 2019 to June 28<sup>th</sup>, 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: \_\_\_\_\_

**Spring Session (Check desired session)**

Session Times		✓	Price
5:10pm - 6:00pm	Open	<input type="checkbox"/>	\$22.00/Session HST Included
6:10pm - 7:00pm	Open	<input type="checkbox"/>	

**Days Available for Session Times (Circle desired days)**

5:10pm                      Monday                      Wednesday                      Thursday                      Friday  
 6:10pm                      Monday                      Tuesday                      Wednesday                      Thursday

**\*\*\*Note: Tuesday 6:10pm session starts May 14, 2019\*\*\***

**Additional Notes:**

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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