



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 2<sup>nd</sup>, 2019 to August 9<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: \_\_\_\_\_

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 21<sup>st</sup>. **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