



SUMMER PROGRAM



SKATECANADA

JULY 2ND, 2019 TO AUGUST 9TH, 2019

Tom Graham Arena Complex

1 300 Elgin Mills Rd. E. Richmond Hill, ON

Phone: (905) 884-1361

Fax: (905) 884-5605

Email: richmondtc@rogers.com

NAME:	BIRTH DATE (YYYY/MM/DD):	SEX: <input type="checkbox"/> M / <input type="checkbox"/> F
ADDRESS:	HEALTH CARD #:	
CITY:	PRIMARY PHONE #:	
POSTAL CODE:	E-MAIL ADDRESS:	
SKATE CANADA #:	COACH(ES):	
PARENT/GUARDIAN:	COMPETITION LEVEL:	

ACCOMMODATIONS REQUIRED: Yes No MEMBERSHIP REQUEST (Check Desired Level)

LEVEL	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	<input checked="" type="checkbox"/>
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 & 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 postdated cheque, dated no later than June 28th, 2019.

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 the 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 accident or loss.

OF WEEKS: _____

DATE: _____ TO _____

Total Due: \$ _____ Payment Method: Cash Cheque Visa M/C Debit

Credit Card #: _____ Expiry Date: _____

Parent/Guardian Signature: _____ Date (YYYY/MM/DD): _____

MAILING ADDRESS: Box 30507 - 10620 Yonge Street, Richmond Hill, Ontario - L4C 4H0