

MEMBERSHIP REQUEST

SEPTEMBER 3RD, 2019 TO APRIL 25TH, 2020

Tom Graham Arena Complex 1300 Elgin Mills Rd. E. Richmond Hill, ON

Phone: (905) 884-1361 Fax: (905) 884-5605

SKATECANADA

Email: richmondtc@richmondtc.com

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NAME:	BIRTH DATE (YYYY/MM/DD): SEX: M 🗆 / F		
ADDRESS:	HEALTH CARD #:		i.
CITY:	PRIMARY PHONE #:		
POSTAL CODE:	E-MAIL ADDRESS:		
SKATE CANADA #:	COACH(ES):		
PARENT/GUARDIAN:	COMPETITION LEVEL:		
FAREINI/GUARDIAN.	CONFERMION LEVE	L.	
MEMBERSHIP REQUEST (PLEASE CHECK DESIRED	MEMBERSHIP)		
PRIME TIME	FEES	1	ADDITIONAL NOTES:
(STARTING AT 4:40PM)	(HST INCLUDED)	•	
2 DAYS PER WEEK (2 SESSIONS PER WEEK)	\$1,674.00		
3 DAYS PER WEEK (3 SESSIONS PER WEEK)	\$2,511.00		
4 DAYS PER WEEK (4 SESSIONS PER WEEK)	\$3,162.00		
5 DAYS PER WEEK (5 SESSIONS PER WEEK)	\$3,875.00		
6 DAYS PER WEEK (6 SESSIONS PER WEEK)	\$4,092.00		
UNLIMITED NON-PRIME TIME ICE PACKAGE	FEES (HST INCLUDED)	✓	
STANDARD PACKAGE	\$5,829.00		
ADDITIONAL 2 PRIME TIME SESSIONS ON SATURDAY (OPTIONAL)	\$550.00		
UNLIMITED PRIME TIME ICE PACKAGE	FEES		
(MON-FRI)	(HST INCLUDED)	 	
STANDARD PACKAGE	\$7,284.00		
ADDITIONAL 2 PRIME TIME SESSIONS ON SATURDAY (OPTIONAL)	\$550.00		
	FEES		
ADDITIONAL FEES	(HST INCLUDED)	\	
SKATE CANADA FEE	\$45.00		
GUEST SKATE FEE (MAXIMUM 1 SKATE PER WEEK)	\$35.00		
SIMULATION FEE	\$17.00		
PARTIAL MEMBERSHIP FEE	\$50.00		
LATE PAYMENT FEE	\$50.00		
MANAGEMENT, AT ITS DISCRETION, RESERVES THE RIGHT TO CHANGE THE APPLICATIONS WILL NOT BE PROCE A DEPOSIT OF 50% OR MORE OF THE TOTAL MEMBERSHIP FEES FOR T THE REMAINING BALANCE IS DUE AS FOLLOWS: 25 FEES ARE PAYABLE BY CASH, VIS	SSED WITHOUT 50% O HE SCHOOL TO WHICH TH 5% ON NOVEMBER 1ST, 20	F THE N IS APPLIC 119 & 25	MEMBERSHIP FEE CATION APPLIES MUST BE ENCLOSED HEREWITH 5% ON FEBRUARY 1ST, 2020
THERE IS A \$50.00 SERVICE CHARGE ON NO REFUNDS WILL BE PAID AFTER THE S THE APPLICANT AGREES THAT RICHMOND TRAINING CENTRE AND/OR HOWEVER CAUSED, AND AGREES TO RELEASE THE CENTRE AND/OF	ILY APPLIES TO FULL MI ANY REFUND OR ADJUST CHOOL OPENS, WITHOUT ITS PROPRIETORS WILL NO	EMBERS IMENT T I A MED T BE HEL ALL CLA	CO THE MEMBERSHIP OICAL CERTIFICATE D RESPONSIBLE FOR ANY ACCIDENTS OR LOSS NIMS AND DAMAGES WHICH MAY ARISE AS A
Total Due: \$ Payment Method: Credit Card #:			e 🗆 Visa 🗆 M/C 🗆 Debit Date:
Parent/Guardian Signature:	Date (YYYY/MM/DD):		