



SPRING PRIME TIME ICE

MAY 30TH, 2022 to JUNE 30TH, 2022

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

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

Email: info@richmondtc.com



SKATECANADA

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

PLEASE CHECK DESIRED SESSIONS, NUMBER OF DAYS & TIMES

MEMBERSHIP REQUEST: (PLEASE CHECK DESIRED MEMBERSHIP)

PRIME TIME: (STARTING AT 5:10PM)	FEES	
PER SESSION (H.S.T. INCLUDED)	\$31.00	24 Days – 2 Sessions Daily \$1,440.00
SKATE CANADA FEE	\$45.00	24 Days – 3 Sessions Daily \$2,040.00
NON RTC MEMBERS (H.S.T. INCLUDED)	\$37.00	

PLEASE NOTE: ALL PAYMENTS MUST BE MADE IN ADVANCE

PRIME TIME SCHOOL ICE

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
5:10PM – 6:00PM PRE-COMP / COMP	5:10PM – 6:00PM PRE-COMP / COMP	5:10PM – 6:00PM PRE-COMP / COMP	5:10PM – 6:00PM PRE-COMP / COMP	5:10PM – 6:00PM PRE-COMP / COMP
6:10PM – 7:00PM GENERAL FREESKATE	6:10PM – 7:00PM GENERAL FREESKATE	6:10PM – 7:00PM GENERAL FREESKATE	6:10PM – 7:00PM LEARN TO SKATE	6:10PM – 7:00PM GENERAL FREESKATE
7:10PM – 8:00PM GENERAL FREESKATE	N/A	7:10PM – 8:00PM GENERAL FREESKATE	7:10PM – 8:00PM GENERAL FREESKATE	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A

AT ITS DISCRETION, MANAGEMENT, RESERVES THE RIGHT TO CHANGE THE SCHEDULES, QUALIFICATIONS & FEES

NO REFUNDS, CANCELLATIONS OR MAKE-UPS FOR MISSED SESSIONS

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 SUCH AS ACCIDENTS OR LOSS.

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

Credit Card #: _____ Expiry Date: _____ CV#: _____

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

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