

## **EXCEL STARSKATE • SUMMER OF EXCELLENCE 2023 REGISTRATION FORM**

Name of Skater	Date of Birth			Phone Contact #			
Address	City			Postal Code			
Email Contact	Skate Canada Reg. #			Home Club & Number			
Name of Coach(es)	Coach(es) email address						
at the time of registration. Requirer E-transfer to traceyjones.off.ice@grefunds. Skaters will be registered proved by the directors. The applicable for any accident or loss hower damages which may arise as a resucheques or Membership adjustment	mail.com. Applic for their selected ant agrees that E wer caused and d ult of, or by reas it.	ations will no d sessions pe XCEL Skating agrees to rele ons of such a	ot be process nding availa g Programs a ease the scho ccident or lo	sed without full bility. Any mound/or its propool and/or its ss. A charge o	l payment and keup sessions prietors will no proprietors fro	d there will be no must be pre-ap- ot be held respon- om all claims and	
Name of Parent/Guardian  PLEASE INDICATE DAILY SESSI	<u> </u>	of Parent/Gu A OR B OR		Date			
Week 1: July 10 - July 13 Week 2: July 17 - July 20 Week 3: July 24 - July 27 Week 4: July 31 - August 3 Week 5: August 8 - August 10 Week 6: August 14 - August 17	# of Days	M 	T	W	TH	Total Cost	
		N/A					
		5% Ec	Membership Subtotal 5% Early Bird Discount (Pay in full by May 1) 13% HST				
REGISTRATION OPTIONS		Membership Total					

- 1. **Scan & Email** form to mb@iccf.ca & traceyjones.off.ice@gmail.com E-transfer payment to: traceyjones.off.ice@gmail.com Security Answer: Skater's <u>firstnamelastname</u> (More than one skater attending?... use the name which appears first alphabetically).
- 2. Forward registration form and payment to: Excel Skating Programs, 125 Thicketwood Blvd., Stouffville, ON L4A 4S6