

EXCEL STARSKATE • SUMMER OF EXCELLENCE 2024 REGISTRATION FORM

Name of Skater	Date of Bir		Phone Contact #					
Address	City	City			Postal Code			
Email Contact	Skate Can	nada 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 rescheques or Membership adjustment	mail.com. Applic for their selected ant agrees that E ver caused and ult of, or by reas	cations will not l d sessions pend EXCEL Skating P agrees to relea- sons of such acc	be process ling availa rograms a se the scho ident or los	sed without ful bility. Any ma nd/or its prop ool and/or its ss. A charge o	I payment and keup sessions prietors will not proprietors fro \$75 will be le	there will be no must be pre-ap- be held respon- m all claims and		
Name of Parent/Guardian	Signature of Parent/Guardian Date							
PLEASE INDICATE DAILY SESSION	ON CHOICE -	A OR B OR C						
Week 1: July 8 - July 1 1 Week 2: July 15 - July 18 Week 3: July 22 - July 25 Week 4: July 29 - August 1 Week 5: August 6 - August 8 Week 6: August 12 - August 15	# of Days	M 	T	W 	TH	Total Cost		
				———— ————	ip Subtotal			
		5% Early Bird Discount (Pay in full by May 1)						
REGISTRATION OPENS APRIL	1ST			Memb	ership 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 Payment by: Cheque to 'M.Britten/T.Jones' OR E-transfer to traceyjones.off.ice@gmail.com