

EXCEL STARSKATE • SUMMER OF EXCELLENCE 2024 REGISTRATION FORM

Name of Skater	Date of Birth			Phone Contact #			
Address	City			Postal Code			
Email Contact	Skate Can	ada Reg. #		Home Club & Number			
Name of Coach(es)	Coach(es) email address						
Management, at its discretion, rese at the time of registration. Requirer E-transfer to traceyjones.off.ice@grefunds. Skaters will be registered proved by the directors. The applicasible for any accident or loss hower damages which may arise as a resucheques or Membership adjustment	ments must be m mail.com. Applic for their selected ant agrees that E ver caused and d ult of, or by reas	et to qualify for ations will not d sessions pend EXCEL Skating F agrees to relect ons of such acc	or any disco be process ding availa Programs a ase the scho cident or lo	ount. All chequed without ful bility. Any mand/or its propool and/or its ss. A charge of	es are to M.B. I payment and keup sessions orietors will no proprietors fro f \$75 will be le	ritten/T.Jones or I there will be no must be pre-ap- t be held respon- om all claims and	
Name of Parent/Guardian	Signature of Parent/Guardian Date						
PLEASE INDICATE DAILY SESSI	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	
		N/A					
		Membership Subtotal 5% Early Bird Discount (Pay in full by May 1) 13% HST					
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