



Skaters Name: _____
 _____ Phone #: _____
 Email: _____
 Personal Health Number: _____
 Parents Name: _____

Parents Signature: _____



Summer Off-Ice Training 2011 Skater Registration

*Please mark in the cost of the class under the week that you want to train.

**Sessions run pending registration.

Day	Session	Cost	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	No off-ice in Week 7	Session Totals	
<u>Tuesday</u>											
Jr/Int	8 – 9 am	\$6.00									
Sr/Int	10:30 – 11:30 am	\$6.00									
<u>Thursday</u>											
Sr/Int	8 – 9 am	\$6.00									
Jr/Int	10:00 – 11:00 am	\$6.00									
	\$12	Discount	if you register for 12 Sessions!							\$12 discount applies if you register for 12 sessions or more	Discount \$
Total Owing										Total Owing \$	

Please make cheques payable to **Apollo Athletic Club**. For office use only: Payment Received _____