

**Fall Synchro: Juvenile Synchro Session**

**Dates: September 3 - October 7, 2019 - Held at Preston Auditorium**

Name		
Address		
City	Province	Postal Code
Birth Date: Month ___ Day ___ Year ___	As of July 1st/19 you are ___ yrs old.	
Tests Passed:	FreeSkate: _____	Skill: _____ Dance Level: _____
Telephone #	Work #	
Email address		

**Fall Information Session:**

*This fall we will have a combination of on-ice and off-ice practices.  
Please see below for schedule.*

**Session Details:**

Preston Auditorium

Wednesday September 4th:	On-Ice Practice 4:30pm to 5:10pm Off-Ice Practice 8:10pm to 9:00pm
Friday September 6th:	On-Ice Practice 6:15pm to 7:00pm
Wednesday September 11th:	Off-Ice Practice 8:10pm to 9:00pm
Friday September 13th:	On-Ice Practice 6:15pm to 7:00pm
Wednesday September 18th:	Off-Ice Practice 8:10pm to 9:00pm
Friday September 20th:	On-Ice Practice 6:15pm to 7:00pm
Wednesday September 25th:	On-Ice Practice 4:30pm to 5:10pm
Friday September 27th:	On-Ice Practice 6:15pm to 7:00pm
Wednesday October 2nd:	On-Ice Practice 4:30pm to 5:10pm
Friday October 4th:	On-Ice Practice 6:15pm to 7:00pm

**Car-Pooling:**

*We would like to set up car-pooling. For the families who identified they would like support with driving, can you please look at the Wednesday practices and let me know which dates you might be available to drive. Our hope is by families each taking a turn, we can make the early Wednesday Practices work. Thanks!*

<b><u>Part C:</u></b>	<b><i>Day Requested</i></b>		<b><i>Discount Fee</i></b>	<b><i>Regular Fee</i></b>	<b><i>Total</i></b>
Skill Session Fee	@		\$60.00	\$67.20	\$

Make Cheques Payable to: Champions Training Centre  
Mail to: 6 - 425 Hespeler Road, Suite # 322  
Cambridge, ON, N1R 8J6

<b>Sub Total</b>	\$
<b>HST (13%)</b>	\$
<b>Total</b>	\$

Phone: 519-624-4532, Email: info@skatectc.com

**Fee Due:  
August 7, 2019**

I, the undersigned, accept full financial responsibility for this application form. I understand that there will be no refunds of deposits or due balances after the deadline dates. I agree that Huston, Wheeler & Wheeler Skating Schools (KLFSS Inc). will not be held responsible for any accidents or loss, however caused and agree to release indemnity and save harmless the Huston, Wheeler & Wheeler Skating Schools (KLFSS Inc). from all damage or claims as a result of such accidents or loss.

\_\_\_\_\_  
Must be signed by parent, guardian or skaters (18 yrs of age or over)