PIERREFONDS FIGURE SKATING CLUB INC.

14 700 Pierrefonds blvd., Pierrefonds (Québec), H9H 4Y6, 514-626-6350, www.cpapierrefonds.com

APPLICATION FORM – SPORT-STUDY
Monday, August 31st 2009 until Friday, June 5th 2010

Please complete in full and return, post-dated cheques to the "PIERREFONDS FSC", with the mention "Sport-Study School" by AUGUST 24th, 2009. Other than for medical reason (with certificate) no refunds will be given.

NAME : _____ / _____ BIRTH DATE : _____/_____/_____
family name first name(s) yyyy mm dd

ADDRESS : _____/_____/_____ /_____
no street city apartment

POSTAL CODE : _____ TEL : ( ) _____ SKATE CANADA REG. NO.: _____

MEDICARE CARD : _____ EXPIRATION DATE (yyyy/mm) : _____/____

HOME CLUB : _____ # CLUB : _____ SEX : F / M

For skaters non-members of Pierrefonds FSC – Do you want to try tests in our club or our region : YES / NO

If yes, you have to fill out this test section. Signature of your home club's test chairperson : _____

	Coach	**Passed level**	**Date** (yyyy/mm/dd)
Freestyle			
Skills			
Dance			

	Family name	**First name**	**Cellular**	**Work**
Father			( )	( )
Mother			( )	( )

You skate : DANCE _____ PAIRS _____ FREESTYLE _____

PARTNER'S NAME : _____

When will you be skating :

Monday AM _____	Tuesday AM _____	Wednesday AM_____	Thursday AM _____	Friday AM _____
Monday PM _____	Tuesday PM _____	Wednesday PM _____	Thursday PM _____	Friday PM _____

SCHOOL you are attending : _____

For John Rennie and Des Sources High School students : Do you need transportation from your school to the arena : YES / NO (PROVIDED AT ADDITIONAL FEE)

Registration Fee	Pierrefonds FSC members (including Skate Canada and Quebec Federation fees)	70 $	$
	Non-Members of Pierrefonds FSC	30 $	$
Program Fee	Elementary school – 3 days program	1 400 $	$
	High School – 3 days program (under special consideration)	1 400 $	$
	– 4 or 5 days program (considered full time)	2 200 $	$
	Family of 2 children	4 000 $	$
	Family of 3 children	4 800 $	$
	Add Registration fee + Program fee	**TOTAL**	$

TOTAL 3 day program	**# cheque**	**Date of cheque** (yyyy/mm/dd)		**TOTAL 4 or 5 day program**	**# cheque**	**Date of cheque** (yyyy/mm/dd)	$
Payments				**Payments**			
Club Members		**August 31st 2009**	420 $	Club Members		**August 31st 2009**	620 $
Non club members			380 $	Non club members			580 $
		Oct 1st, 2009	350 $			**Oct. 1st, 2009**	550 $
		Nov 1st, 2009	350 $			**Nov 1st, 2009**	550 $
		Dec 1st, 2009	350 $			**Dec 1st, 2009**	550 $

WAIVER OF RESPONSABILITY : The Club and the Sport-study program shall not be held responsible for any damage, injury or loss of property which any member may sustain as a result of their participation in any of our activities.

Note : The schedule is subject to change without notice.
Pictures taken could be used for publicity purposes.

Would you like to do some volunteering during the year. **YES/NO**

EMAIL (**MANDATORY**) :

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DATE: _____/_____/_____ SIGNATURE _____
yyyy mm dd (skater **OR** parent or guardian if less than 18 years old)