PIERREFONDS FIGURE SKATING CLUB INC.

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

APPLICATION FORM – FALL AND WINTER SCHOOL – **PRE-JUNIOR**
Tuesday, September 2nd 2008 – Saturday, March 21st 2009

Please complete in full and return on or before **August 20th 2008** to the attention of Lucie Morand.

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

Pierrefonds NEW MEMBER : YES / NO SEX : F / M LANGUAGE : French / English

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

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

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

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

IN CASE OF EMERGENCY : Name: _____ Relation: _____ Tel: ( ) _____

COACH'S NAME : _____ (please confirm with coach BEFORE)

Session	**Day**	**Rink**	**Time**	**Price**	
Pre-Junior (passed badge 3)	Saturday **AND** Tuesday	Rink 4 Rink 2	08:00 – 09:00 17:00 – 18:00	600 $	$
Carnaval	For the year end show (mandatory at registration)			25 $	$
<u>New-member</u> non-resident Fee (if residing outside the Boroughs of the new city of Montreal)				30 $	$
Late registration Fee (if received after August 20th 2008)				25 $	$
Reduction if registration is received before August 15th 2008				-10 $	$
Reduction for 2nd child or more : **(Registration – Pierrefonds member)** **(Carnaval)** First name of eldest child : _____				-20 $ -10 $	$ $

TOTAL	**# cheque**	**Date of cheque** (yyyy/mm/dd)	**$**
Paid in full			$
¼ September 10th 2008			$
¼ October 10th 2008			$
¼ November 10th 2008			$
¼ December 10th 2008			$

<u>Note : The schedule is subject to change without notice (depending on the number of registrations received).</u>

WAIVER OF RESPONSABILITY: The Club 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.

I agree that pictures of my child can be used for publicity purposes **: YES / NO**

E-MAIL (**MANDATORY**) :

@																											

DATE: _____/_____/_____ SIGNATURE _____
yyyy mm dd (parent / guardian)