

## CanSkate Application form

Name- \_\_\_\_\_

Address- \_\_\_\_\_  
\_\_\_\_\_

City- \_\_\_\_\_

Postal Code- \_\_\_\_\_

Date of birth- \_\_\_\_\_

Phone- \_\_\_\_\_

Cell phone- \_\_\_\_\_

Email- \_\_\_\_\_

Previous CanSkate experience- Yes No

If yes

Skate Canada Number- \_\_\_\_\_

### Circle your program:

Full Program- \$347.70- 10am or 11am

Half Program- \$229.05- 10am or 11am

Sept 17-Dec 17 or Jan 7-March 31

Make Cheques Payable to **RST**

**Waiver:** The undersigned will release RST and its employees from all loss or damage that may be incurred during the operation of this CanSkate program.

\_\_\_\_\_  
Signature of Parent or Guardian

Date- \_\_\_\_\_

Mail Application form to

RST

10Parkview Crescent  
Strathroy ON, N7G 4A3  
or email confirmation to

**scotrachuk@sympatico.ca**

and bring the application form to the first session

For more information regarding this program, please visit  
our website: [www.competitiveskatingschoolstrathroy.com](http://www.competitiveskatingschoolstrathroy.com)