

PRICE LIST FOR STARSKATE/COMPETITIVE SESSIONS - Non-Members

Skater Name: _____

January 4, 2012 – March 31, 2012 Winter Ice Schedule (12-13 wks) Trout Lake Arena

<u>DAY</u>	<u>TIME</u>	<u>SESSION</u>	<u>COST</u>	
Monday (12 weeks)	3:30 – 4:15pm	Open(Jr) Freeskate	\$72.00	_____
	4:15 – 4:45pm	Dance/Skills (jr/sr)	\$60.00	_____
	4:45 – 5:00pm	Spin Patch	\$48.00	_____
	5:00 – 5:15pm	Stroking/Transitions	\$48.00	_____
	5:15 – 6:00pm	Int/Sr Freeskate	\$72.00	_____
Wednesday (13 weeks)	4:30 – 5:15pm	Jr Freeskate	\$78.00	_____
	5:15 – 5:30pm	Stroking (jr/sr)	\$52.00	_____
	5:30 – 6:15pm	Int/Sr Freeskate	\$78.00	_____
Thursday (13 weeks)	3:30 – 4:15pm	Open(Jr)Freeskate	\$78.00	_____
	4:15 – 5:00pm	Dance/Skills	\$78.00	_____
	5:00 – 5:15pm	Stroking/Spin Patch	\$52.00	_____
	5:15 – 5:30pm	Transitions	\$52.00	_____
	5:30 – 6:15pm	Int/Sr Freeskate	\$78.00	_____
Saturday (13 weeks)	10:45 – 11:30am	Jr Freeskate/JD	\$78.00	_____
	11:30 – 11:45am	Stroking(Jr/Sr)	\$52.00	_____
	11:45 – 12:30pm	Dance/Skills	\$78.00	_____
	12:30 – 1:15pm	Int/Sr Freeskate	\$78.00	_____

OFF-ICE/DRYLAND TRAINING: January 7, 2012 –March 31, 2012 (13 weeks)

Saturday	10:00 – 10:40am	Jr Off Ice*	\$45.00	_____
	10:00 – 10:40am	Sr Off Ice*	\$45.00	_____

FOR CLUB USE ONLY	
DATE REC'D: _____	
TOTAL REC'D: _____ CASH _____	
CHQ _____	
DATE: _____ AMOUNT: _____	
CLUB SIGNATURE: _____	

ICE COST	\$ _____
OFF-ICE	\$ _____
TOTAL	\$ _____

GRANDVIEW SKATING CLUB
REGISTRATION FORM FOR TEST SKATERS: NON-MEMBERS

SKATE CANADA # _____ Male () Female ()

LAST NAME: _____

FIRST NAME: _____

ADDRESS: _____

CITY: _____ POSTAL CODE _____

PHONE # _____
Home # Cellular #

E-MAIL ADDRESS: _____

DATE OF BIRTH: ____/____/____ CARE CARD # _____
Day Month Year

PARENT/GUARDIAN NAME: _____ WORK PHONE # _____

EMERGENCY CONTACT: _____ PHONE # _____

HOME SKATING CLUB: _____ NAME OF COACH: _____

TESTS PASSED:

FREESKATE

SKILLS

DANCE

INTERPRETIVE

I understand that the GRANDVIEW SKATING CLUB, it's BOARD MEMBERS, COACHES and VOLUNTEERS are not responsible for any accidents, injuries or loss of personal belongings either on or off the ice at the TROUT LAKE ARENA while attending skating sessions. I understand that the GRANDVIEW SKATING CLUB is not responsible for cancellation of classes due to unavailable ice, but will make every effort to re-schedule, if at all possible.

Signature of Parent, Guardian or Skater: _____ Date: _____

TO REGISTER for StarSkate/Competitive Sessions:

Please complete the front & back of this form in full. Indicate the sessions you wish to purchase.

YOUR PAYMENT MUST ACCOMPANY THIS FORM
PLEASE MAKE CHEQUES PAYABLE TO GRANDVIEW SKATING CLUB (GSC)
We do not accept credit cards or debit cards
There is no refund on ice costs paid or Skate Canada registration

***The Grandview Skating Club reserves the right to change or cancel any program/session based on registration**

****Coaches reserve the right to place a skater in the session that is best suited to his/her ability and experience**

Payment may be mailed to:
Grandview Skating Club
C/o Trout Lake Arena
3350 Victoria Drive
Vancouver, B.C.
V5N 4M4