FEBRUARY 6, 2012
STARSKATE CLINIC
ON ICE WITH JEFFREY BUTTLE

SKATER REGISTRATION – DUE FEBRUARY 3, 2012

Name: _____ Skate Canada # _____
First Last

Age: _____ Birthdate: _____ Home Club: _____
(mm/dd/year)

Street: _____ City: _____

Prov: _____ PC: _____ Tel: _____ Email: _____

OPEN TO ALL EO STARSKATERS FROM PRELIMINARY TO GOLD – SKATERS MUST HAVE PASSED, AT THE MINIMUM, HALF OF THE PRELIMINARY FREESKATE TEST!

WHERE **INVISTA CENTRE, KINGSTON**
FEE **Skater: $50.00 each**

INFORMATION Please contact Glenda Cartwright, Skate Canada – Eastern Ontario, Skating Programs Chair at 613-547-4495 or gk.cartwright@cogeco.ca

APPLICATIONS WILL NOT BE ACCEPTED ON THE DAY OF THE CLINIC!

Every care and attention will be given to the health and safety of the skater. Skate Canada-Eastern Ontario, the clinic conductors or volunteers cannot be held responsible for any accidents that may occur. I have read and understand and agree to Skate Canada Rule 7000B (1.11) regarding accidents.

_____
Signature of Competitor or Parent/Guardian if under 18 years

Group photos or the participants may be taken at the seminar for publication and/or the EO website. Skater's names will not appear on the website with the photo. I give permission for my child's picture to be used for publication on the EO website.

❑ Yes ❑ No

_____
Signature of Competitor or Parent/Guardian if under 18 years

Payment (Cheque or money order) is payable to … **"Skate Canada – Eastern Ontario"** or PayPal

Courier, email or fax registration and payment to:

Skate Canada – Eastern Ontario
276 King Street West, PO Box 2209 Prescott, ON K0E 1T0
Email: eos@bellnet.ca Fax: 613.925.1314

PRINT CLEAR FORM