

**TRYOUT REGISTRATION FORM 2020-2021**

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| **SKATER FIRST NAME** | **SKATER LAST NAME** |
| **BIRTHDATE (D/M/Y)** | **AGE AS OF JULY 1ST, 2020** | **FEMALE** | **MALE** |
| **ADDRESS** |
| **CELL PHONE** |
| **EMAIL ADDRESS (PLEASE PRINT CLEARLY)**  |
| **HOME CLUB** |
| **SYNCHRO EXPERIENCE (PLEASE LIST CURRENT TEAM, PREVIOUS TEAMS AND NUMBER OF YEARS)** |
| **COMPETITIVE SKATING (SINGLES, PAIRS, ICE DANCE)** |
| **WHAT SCHOOL WILL YOU BE ATTENDING IN THE FALL (JUNIOR/SENIOR)** |
| **PARENT/GUARDIAN NAME** | **CONTACT NUMBER** |
| **EMAIL ADDRESS** |
| **HAVE YOU ACCEPTED A POSITION WITH ANOTHER TEAM FOR THE 2020-2021 SEASON** | **YES** | **NO** |
| **CONTACT INFORMATION – nexxiceatbsc@yahoo.ca** |
| **PAYMENT INFORMATION**  | **CASH** | **CHEQUE** |