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| TRYOUT REGISTRATION 2019-2020 | | | | | | |
| Skater First Name: | Skater Last Name: | | | | | |
| Birthdate (d/M/Y): | Age as of July 1st, 2019: | | Gender:  Male Female | | | |
| Skate Canada Number: | Home Club: | | | | | |
| Synchro Experience (Please list all previous teams, current team and number of years): | | | | | | |
| Competitive skating ( Singles, pairs, ice dance ): | | | | | | |
| Home Address: | | | | | | |
| Home Phone: | Cell Phone: | | | | | |
| Email Address : (please print clearly) | | | | | | |
| Parent /Guardian Name(s): | Contact Number: | | | | | |
|  |  | | | | | |
| Parent /Guardian Email Address: (please print clearly) | | | | | | |
| Have you accepted a position with another team for the 2019 -2020 season? | | | | Yes: | | No: |
| Contact Information: nexxiceatbsc@yahoo.ca | | | | | | |
| Payment Information: | | Cash | | | Cheque | |