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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: |
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| 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 |