



TRYOUT REGISTRATION 2019-2020

Skater First Name:		Skater Last Name:	
Birthdate (d/M/Y):		Age as of July 1 st , 2019:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
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: <input type="checkbox"/> No: <input type="checkbox"/>
Contact Information: nexxiceatbsc@yahoo.ca			
Payment Information:		Cash <input type="checkbox"/>	Cheque <input type="checkbox"/>