

NEXXICE SYNCHRO CAMP REGISTRATION FORM - JULY 8^{th} , 9^{th} , 10^{th} , 2016

NAME:	SKATER	(ATER COACH D.O.B. (d/m/y):					
ADDRESS:	CITY:	CITY:					
PROVINCE/STATE:	POSTAL/ZIF	POSTAL/ZIP CODE:					
HOME TELEPHONE:	CELL:	CELL:					
EMAIL ADDRESS:							
PARENTS NAME:	CONTACT N	CONTACT NUMBER:					
EMAIL ADDRESS							
EMERGENCY CONTACT: CONTACT			CT NUMBER:				
SKATING INFORMATION:							
SKATE CANADA / USFSA #: HOME (LUB:				
CURRENT SYNCHRO TEAM:							
T-SHIRT INFORMATION: ALL PARTICPANTS WILL RECEIVE A T-SHIRT. PLEASE SELECT ONE OF THE FOLLOWING SIZES:							
ADULT SIZES X SMALL SMALL MEDIUM	1 LARG	iE	X LA	RGE			
SKATER FEES AND PAYMENT INFORMATION:							
DAY CAMP			\$550.00 YES			NO:	
DAY CAMP INCLUDES ALL ON ICE SESSIONS WITH COACHES, OFF ICE TRAINING, LUNCH X 2, DINNER X 1 AND SNACKS							
RESIDENCE CAMP			\$650.00 YES			NO:	
RESIDENCE CAMP INCLUDES ALL ON ICE SESSIONS WITH COACHES, OFF ICE TRAINING, ACCOMODATIONS, BREAKFAST X 2, LUNCH X 2, DINNER X 2, SNACKS AND RETURN TRANSPORTION FROM HOTEL TO ARENA.							
COACH FEES AND PAYMENT INFORMATION:							
DAY CAMP			0.00	YES:	:	NO:	
RESIDENCE CAMP			0.00	YES:		NO:	
WITH 5 OR MORE SKATERS ATTENDING			0.00	YES:		NO:	
HOTEL ACCOMODATIONS: 4 PERSONS PER ROOM							
ADDITIONAL COST FOR SINGLE OR DOUBLE ROOM. CONTACT US FOR INFORMATION ON RATES.							
I PREFER: SINGLE ROOM: DOUBLE ROOM:							
PAYMENT METHOD: (2.5% SERVICE FEE WILL BE AD			CARD PA	YME	•		
CHEQUE (PAYABLE TO NEXXICE)	\$	#			RECEIVED:		
VISA#	EXPIRY DATE:			SECURITY CODE:			
CARDHOLDER SIGNATURE					RECEIVED:		
MASTERCARD# EXPIRY DATE:				SECURITY CODE:			
CARDHOLDER SIGNATURE:					RECEIVED:		
CLOSING DATE: JUNE 8 TH , 2016 SEND COMPLETED REGISTRATION FORM TO: nexxiceatbsc@yahoo.ca							
OR MAIL ALONG WITH PAYMENT TO: NEXXICE CAMP – 1201 APPLEBY LINE, BURLINGTON, ONTARIO, L7L 5H9							
REGISTRATIONS WILL BE CONFIRMED BY EMAIL & A FULL INFORMATION PACKAGE WILL BE SENT TO ALL PARTICIPANTS AT THAT TIME							