

NEXXiCE

Please indicate which team tryout you are attending Juvenile ____ Novice ____ Intermediate ____ Open ____ Junior ____ Senior ____		
Skater First Name:	Skater Last Name:	
Birthdate (d/M/Y)	Age as of July 1 st , 2017:	
Skate Canada Number:	Home Club:	
Current Synchro Team:	Level:	Number of Years:
Competitive skating (Singles, pairs, ice dance):		
Home Address:		
Home Phone:	Cell Phone:	
Email Address : (please print clearly)		
Emergency Contact Information		
Name:	Contact Number:	
For skaters under the age of 18.		
Parent /Guardian Name(s):	Parent /Guardian Home/Cell Number:	
Parent /Guardian Email Address: (please print clearly)		
\$40:00 for Juvenile - Novice – Intermediate – Open / \$60:00 for Junior - Senior		
Contact Information: Nexxiceatbsc@yahoo.ca		