STOUFFVILLE SKATING CLUB
44th ICE REVUE REGISTRATION FORM

Show dates: Friday, May 9th @ 7p.m. and Saturday, May 10th @ 2p.m. & 7p.m.

SKATER _____ **DOB** _____ **M or F**
Parents _____ Tel # _____
Email address _____

Session and fees (please circle the appropriate session)

Precanskate Tuesday - $30 **Precanskate Thursday - $30**
Canskate Tuesday - $40 **Canskate Thursday - $40** **Canskate Friday - $40**
Canskate Tues./Fri - $40
Junior $75 **Intermediate $75** **Senior $95**

Type of payment **Cash** **Cheque** (payable to Stouffville Skating Club) **Visa** **Mastercard**

Credit Card #_____ Expiry Date MM/YY _____

Name on card _____ Signature _____

I hereby apply to skate in the S.S.C. Ice Revue on May 9th &10th, 2008. I understand that I skate of my own risk and there is no liability on the part of the S.S.C. or its directors, and furthermore, I agree to abide by the by-laws and regulations of the club constitution

Parent's Signature _____ Date _____

Skater Measurements (all information must be filled in):

Child 4 6 8 10 12 14 Adult S M L XL

Chest _____inches **Waist** _____inches **Girth** _____inches

Height ____feet_____inches___ **Weight** ____ lbs

PARENTS - VOLUNTEERS are needed! We need your participation!

Please check all areas below that you are interested in helping with.

___Program Advertising ___Ticket Sales ___Photo Sales ___Dressing Room Parents

___Show Set up (Wed. May 7th daytime) ___Photo Night Co-ordinator (Thurs, May 8th)

___Security ___Flower Sales ___Show Tear Down (Sat. May 11th) ___Ushers

QUESTIONS? Call Sheila @905-640-8643 Theresa @905-640- 7965
iceshow@stouffvilleskate.com