2012 ICE SHOW
"VIVA LAS VEGAS!"

Preschool and Canskate Skater Registration

Performance Date:	**Saturday, April 7, 2012**	**2:00 and 7:00 p.m.**
Dress Rehearsal:	**Friday, April 6, 2012**	**6:00 p.m.**
Picture Day:	**Wednesday, April 4, 2012**	**4:00 – 10:00 p.m.**

Skater's Name:_____ Male / Female Age:_____.

Address: _____

Home Tel. No.:_____ Preschool / Canskate: Mon Tue Thurs Sat Sun
If CanSkate, Stage Level _____ (circle Group and Session)

Costume Size: Child/Youth/Ladies/Men – Dress Size_____ Pant:_____ Shirt/Blouse:_____
(circle one) Height: _____ (ft./in.) Weight: _____(lbs)

PLEASE COMPLETE SIZING CHART ON REVERSE

REGISTRATION FORM AND PAYMENT DUE IN THE SCPSC OFFICE BY:
FEBRUARY 15, 2012 **Registration Fee: $30.00**

Applications will be accepted on a first-come, first-served basis. Late entries will be accepted only if space permits, with a penalty of $20.00. Refunds will only be granted for medical reasons with a doctor's note.

Whenever possible, the practices will be scheduled close to the same time as the skater's winter skating session. A skater is permitted to miss 1 practice only. Any additional missed practices will result in the possibility of non-participation, at the coach's discretion.

Parent/Guardian's Consent: _____ Date:_____

Parent/Guardian's Name: _____ (please print)

Contact Information: Telephone No: _____

Email: _____

I would like to help out in the following area(s): (please circle)

Costume Alteration/Repair	Dressing Room Attendant	Group Liaison	Security
Tickets/Admissions	Electrical	Programs	Stage Crew
Advertising	Lighting	Scenery/Props	Where needed

Other (specify) _____

I would like to be a group leader for: Preschool / CanSkate – please contact Mary Jarvis at mjarvis@mccarthy.ca.

Office Use : *Form Received by:* _____ *Date:* _____

*Payment Received by:*_____ *Amount:* _____