



## Fall School 2011

**Monday September 19 -  
Saturday October 15, 2011**

### Program Information & Registration

**LOCATION:** All skating programs take place at the **Owen Sound Coliseum**

**TEST DAYS:** Testing will be made available. In order to take tests, skaters must be registered with Skate Canada. A letter of permission from the skater's home club including club number, registration number and address for results to be sent to must be on file with the O.S.S.C.

**DANCE PARTNERING:** Please indicate your 1st & 2nd choice of dance partner. Dance partnering is assigned in the order applications are received! Skaters working at the Diamond Dance level & on variations will be given preference with Justin Lanning. Double lessons are recommended for Diamond Dances & variations, space permitting.

**GUESTS:** Guest skating may be permitted with advanced permission of the Registrar, Natalie Murray 519-270-9803/osscc@bmts.com. \$40 per full Int/Sr session guest skating fee. **24 hour notice must be given.**

**NON-CLUB MEMBERS:** If your home club is NOT Owen Sound, then you must supply proof that your Skate Canada Fee has been paid to your HOME club prior to stepping on the ice. This can come in a letter or email from your club registrar. Skate Canada Memberships run from September 1 to August 31. After Aug. 31 you are no longer covered under Skate Canada insurance therefore it is vital that you are re-registered with your home club.

**PAYMENTS:** Cheques should be made payable to the Owen Sound Skating Club. A deposit of not less than 50% of the total fee must accompany this application. A cheque dated September 17, 2011 for the balance must be enclosed. **FAILURE TO COMPLY WITH THIS REQUEST WILL RESULT IN THE APPLICATION BEING PROCESSED LAST!**

<u>Monday</u>	<u>Thursday</u>	<u>Saturday</u>	* October 1 & 8 only
4:00pm Int. FreeSkate	4:00pm Int. FreeSkate	9:00-11:20	Int/Sr Open
4:45 Int. Open	4:30 Int. Dance		
5:00 Int. Dance	5:00 Int. Stroking		
5:30 Int. Stroking	5:15 Int. Skills	<u>CanSkate/</u>	
5:45 FLOOD	5:45 FLOOD	<u>Shooting Stars</u>	
5:55 Int. Skills	5:55 Sr. Skills	Monday	4:45 - 5:45
6:25 Sr. Skills	6:25 Sr. FreeSkate	Thursday	4:45 - 5:45
6:55 Stroking	6:55 Sr. Stroking		
7:10 FLOOD	7:10 - 7:50pm Sr. Dance		
7:20 Sr. FreeSkate			
8:05 Sr. Open			
8:20-8:50pm Sr. Dance			

**Testing will be made available**

**FOR RECEIPT PURPOSES ONLY:**

Amount paid: \$ \_\_\_\_\_ Cash \_\_\_\_\_ Cheque\$ \_\_\_\_\_ Club Signature \_\_\_\_\_

# 2011 Fall School Registration

Full Name:	Male or Female:
Address:	Telephone:
Town:	Postal Code:
Skate Canada#:	Date of Birth:
E-mail	dd/mm/yyyy
Home Club:	2011/12 Skate Canada Fee Paid?



## Owen Sound Skating Club

Building life skills & friendship, creating confidence & achievement through the skating experience for a lifetime

**Mail Forms to:**  
Owen Sound Skating Club  
Box 241  
Owen Sound, ON  
N4K 5P3

Membership Type	Check Type
CanSkate/Shooting Star - Must not have passed any complete Skate Canada Test	
Intermediate: <i>Preliminary– Jr. Bronze</i>	
Senior: <i>Completed 2 of the 3 Sr. Bronze disciplines</i>	

Select Days	Check Days
Monday	
Thursday	
Saturday - October 1 & 8 only	

Dance Partnering (billed separately)	Check Choice
Justin Lanning - Dates to be determined	
Michael Koshilka - Dates to be determined	

Membership Packages	Check Type
*Saturdays can be added to 1 or 2 day Int/Sr memberships	
1-day (Monday or Thursday) \$155	
2-day (Monday & Thursday) \$255	
Saturdays (Int/Sr Only) \$75	
CanSkate/Shooting Star 1-day \$70 (ice time only, lessons not included)	
CanSkate/Shooting Star 2-day \$125 (ice time only, lessons not included)	

Totals		
Program Fees	<i>Total from above selections</i>	\$
Skate Canada Fee	<i>Registration &amp; Insurance</i>	\$ 33.00
Less Program Asst. Credit	<i>(Owen Sound Skating Club Members Only)</i>	(    )
<b>TOTAL DUE</b>		<b>\$</b>

***The holder of this membership agrees that the Club shall not be responsible for any loss, injury or damage by the holder in connection with this Club's activities.***

**Cheques payable to The Owen Sound Skating Club**

\_\_\_\_\_  
Parent Name (PRINT) Signature of Parent/Guardian    Date

Paid by: Cash <input type="checkbox"/>	Cheque <input type="checkbox"/>	Total Amt Paid \$ _____
<b>Post Dated Cheques:</b>		
Date _____	Amount _____	
Date _____	Amount _____	

*For Office Use Only*