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Registration Form

2019 Adult Programming Learn To Skate

Skater's First Name: _____ Last Name: _____

Address: _____

Street

City

Postal Code

Phone #: _____ Emergency Phone #: _____ DOB (d/m/y) _____

Email: _____ Age in years: _____ Male/Female

Mandatory Skate Canada Membership \$36.00

Adult Learn To Skate (June to August)

Total Days

Payment

SCM

Totals

Tuesdays	5:45-6:30pm	June 18,25		X \$15.00		
Thursdays	5:45-6:30pm	June 20,27		X \$15.00		
Mondays	6:00-6:45pm	July 8,15,22,29		X \$15.00		
Wednesdays	6:00-6:45pm	July 3,17,24,31, Aug 7		X \$ 15.00		

Registration:

A) Circle the dates you will be attending

B) Number of Days _____ X \$15.00 = \$ _____

Register in person during office hours

Credit Card Payments: Visa/MC# _____ Expiry Date: _____

