



Mariposa

School of Skating

**2012 Application Form
Seminar June 25-29, 2012**

Mariposa will process your application promptly. \$50.00 Off Per Skater until December 23, 2011.

FULL PAYMENT MUST BE MADE ON OR BEFORE DECEMBER 23, 2011.

This offer is not available for observing coaches.

Refunds will not be given after May 1, 2012 without a medical certificate. A \$25 administration fee will be applied to all refunds.

Name: _____ Mailing Address: _____

City: _____ Prov/State: _____ Postal/Zip Code: _____

Home Phone: _____ Cell: _____ Email: _____

Date of Birth(d/m/y) _____ / _____ / _____ Health Card: _____

Contact Name: _____ Skate Canada #: _____
(Parent/Guardian)

Home Club Name: _____ Home Club #: _____

Seminar June 25-29, 2012
 Participating Skater
 Observing Coach
 Adult Skater

Indicate Tests Passed

Free Skate Test: _____

Competitive Free: _____

Dance Test: _____

Skill Test: _____

Indicate Jumps Landed Cleanly & Consistently

	Single	Double	Triple	Quad
Axel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Salchow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toe Loop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lutz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

All Prices Are In Canadian Funds

METHOD OF PAYMENT: Visa Mastercard Cash Debit Cheque Money Order

Name on Credit Card: _____ Payment Amount\$ _____

Credit Card #: _____ / _____ / _____ / _____ Expiry Date: _____ / _____

The applicant agrees that the Mariposa School of Skating and/or its proprietors will not be held responsible for any accident or loss, however caused, and also agrees to release the aforementioned from all claims and/or damages which may arise from any such accident or loss.

Signature _____ Date: _____
Parent/Guardian

**Mail this form with your payment to: Mariposa School of Skating
Box 444 Barrie Ontario L4M 4T7**

Applications with credit card payments can be faxed to 705-721-0443 or email info@skatemariposa.com