



Mariposa School of Skating

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

Mariposa will process your application promptly. A deposit of 50% of tuition fee must accompany application forms. Balances are due on or before June 25, 2012. Forms without a deposit will automatically be placed on a waiting list. 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