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Mariposa will process your application promptly. A deposit of 50% of tuition fee must accompany application forms. Balances are due on or before June 14, 2010. Forms without a deposit will automatically be placed on a waiting list. Refunds will not be given after April 30, 2010 without a medical certificate. A \$25 administration fee will be applied to all refunds.

Name: _____ Address: _____

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

Phone: _____ Email: _____

Date of Birth(d/m/y) ___/___/___ Age(as of June 14/10) _____ Health Card #: _____

Contact Name: _____ Skate Canada #: _____
(parent/guardian)

Home Club Name: _____ Home Club #: _____

PLEASE SELECT DESIRED PROGRAMS AND DATES:

Seminar June 14-18, 2010

Participating Skater

Observing Coach

8 Weeks Summer School June 21-Aug 13, 2010

1st 4 Weeks Summer School June 21-July 16/10

2nd 4 Weeks Summer School July 19-Aug 13/10

Skaters will be placed on sessions according to qualifications at time of application. Session requirements are at the discretion of Mariposa's Administration. There will be no guest skating available during summer school.

For G & H Sessions ONLY, indicate the number of days per week & which days skater will be attending.

G Session

H Session

Monday

Tuesday

Wednesday

Thursday

Friday

Lodging/Boarding Assistance Required? Yes No Allergies? Provide Details: _____

Indicate Tests Passed

Free Skate Test: _____

Competitive Test: _____

Dance Test: _____

Skill Test: _____

Competitive Dance Test: _____

Competitive Pair Test: _____

**Indicate Jumps Being Landed
Cleanly & Consistently**

Single Double Triple Quad

Axel

Salchow

Toe Loop

Loop

Flip

Lutz

Both Sides Of Application Must Be Completed.

**SEMINAR & SUMMER
SCHOOL
2010 APPLICATION FORM**

Mariposa
School of Skating

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Please indicate your Coach/Coaches at Mariposa Summer School. Lessons are to be booked directly with coaches prior to Summer School. Your "Base Coach" will assist you in arranging lessons with coaches specializing in any of the components listed below. Coaching fees are billed by and paid directly to your individual coaches.

Base Coach (1st Choice) _____ (2nd Choice) _____

Spin Coach _____ Skills/Moves Coach _____

Dance Coach _____ Stroking Coach _____

Choreographer _____ Please Note: Choreography Should Be Booked Well In Advance

Music Assistance Required For Short Program Long Program Other _____

Number of Lessons Requested Per Week: Jumps: _____ Spins: _____ Stroking: _____

Skills: _____ Dance: _____ Footwork/Spirals: _____ Choreography: _____

Summer School Goals: _____

All Prices Are In Canadian Funds.

METHOD OF PAYMENT: Visa Mastercard Cash Debit Cheque Money Order

Name On Credit Card: _____ Deposit 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 of
Parent/Guardian: _____ Date: _____

Mail this form with your payment to: Mariposa School of Skating, Box 444 Barrie Ontario L4M 4T7
Application with credit card payment can be faxed to 705-721-0443