

Name: _____ Date of Birth: _____

Ancaster Skating Club
P.O. Box 81134 Fiddler's Green Postal Outlet, Ancaster, ON L9G 4X1 Sept 3 2015 Phone: (905)648-9460 Website: www.ancasterskatingclub.ca

Email: info@ancasterskatingclub.ca

Program Assistant Registration Form

Address:				Postal Code:			
Phone:		/cell					
Email:							
similar to voluntee adequate contacte	Assistants are a what you would reprogram Assist different you cannot a pecify when you	d do with an towards yo stant covera attend your are availab	employer. Althur skating registing is required for shift for any readle on a regular	nough this is a "tration in recogror all sessions, a son. basis:	volunteer" po nition of your	sition you re service. Be	eceive ecause
	Tuesday		Thursday		Saturday		
	Tuesday CanSkate AB (5:10 - 6:00)	Tuesday CanSkate A or PreCan (6:00 - 6:50)	Thursday CanSkate A or PreCan (5:40 - 6:30)	Thursday Advanced CanSkate / Intro to Star (6:40 – 7:30)	Saturday PrePower/ CanPower (9:10- 10:00)	Saturday CanSkate A or PreCan (10:00 - 11:00)	Saturday CanSkate A & B (11:00 - 12:00)
Please li provided	st any schedulin below:	g conflicts t	hat you are awa	I are of at this tim	l e (vacation e	tc) in the	space
info@	commit to being a commit to being a commit to being a commit to be committed to be c	club.ca or ph	one 905 648 946	0 giving enough ı	notice for a rep	olacement to	
Signature of Program Assistant				Signature of Parent if under 18			