

2025-26 CIA FALL / WINTER CANSKATE FORM

Skater Name: _____
Parent Name: _____
DOB: _____
Phone: _____
Email: _____
Address: _____
Postal Code: _____
Skate Canada #: _____

CHOOSE YOUR LEVEL: (X)	
PRE-CAN	CANSKATE

CHOOSE YOUR CLASS & SESSION: (X)			
	FALL	WINTER	COMBO
Thursday 4:30-5:15pm	\$378+hst	\$378+hst	\$710+hst
Friday 6:00-6:45pm	\$378+hst	\$378+hst	\$710+hst
Sunday 10:20-11:05am	\$378+hst	\$378+hst	\$710+hst

FALL 13 WEEKS SEPT 18th - DEC 14th
WINTER 13 WEEKS JAN 8th - APRIL 5th
COMBO 26 WEEKS

Cost: _____

Skate Canada/Admin Fee: \$70.00

HST: _____

Total: _____

CC#: _____

Expiry: _____

905-625-7528

office@canadianiceacademy.com