



2017/2018 SKATING PASS REGISTRATION FORM

ARENA NAME:

Arthur

Mount Forest

7490 Sideroad 7 W, PO Box 125,
Kenilworth, ON N0G 2E0

www.wellington-north.com

519.848.3620

1.866.848.3620 FAX 519.848.3228

Plan to
Simply Explore.
www.simplyexplore.ca

PARENT or LEGAL GUARDIAN INFORMATION:

MOM Last Name

First Name

DAD Last Name

First Name

TELEPHONE NUMBERS:

Home Phone

Mom Work

Dad Work

MAILING INFORMATION:

Mailing Address

Town

Postal Code

EMERGENCY CONTACT:

Last Name

First Name

Relationship to Participant

Phone Number

FAMILY PASS (Cost includes H.S.T.)

PARTICIPANTS: Please list all household members who will be using this pass below.

AGE of Child		LAST NAME	FIRST NAME	10 VISIT PASS COST
/	Adult #1			
/	Adult #2			
	Child #1			
	Child #2			
	Child #3			
	Child #4			
	Child #5			

INDIVIDUAL PASS (Cost includes H.S.T.)

AGE or ADULT	BIRTH DATE	LAST NAME	FIRST NAME	10 VISIT PASS COST
				\$22.50

Passes expire March 30th, 2018

FOR OFFICE USE ONLY

FEE PAID: _____

Cash

Cheque

Debit