

Cape Ann Figure Skating Club

New Member

2009-2010

September 22, 2009 - June 13, 2010

Current Member

SKATER INFO	Skater's Name: _____	Date of Birth: _____
	Address: _____	Telephone #: _____
	City: _____ State: _____	Zip Code: _____
	Parent/Guardian Names: _____	
	I.S.I. Number: _____	Exp. Date: _____ Highest Test Level Passed: _____ Private Coach's Name: _____
	Please list other skating clubs you are a member at: _____	
Parent e-mail Address: _____		

MEMBER SHIP	Annual Club Membership (Includes I.S.I. membership)..... MANDATORY <input checked="" type="checkbox"/>	\$245.00 \$
	*fee includes \$100 volunteer fee to be refunded once hours are completed (Add'l Family Members @ \$65 Ea.)	

ICE TIMES & RATES	SATURDAY ICE:			
	• FREESTYLE ICE: Must have passed Delta or higher.....	10:00 - 11:00	<input type="checkbox"/>	\$573.50 \$
	• OPEN ICE: Open to ALL Members.....	11:00 - 12:00	<input type="checkbox"/>	\$573.50 \$
	• GROUP LESSONS: Alpha, Beta, Gamma, Delta, Freestyle..... (30 min. instruction / 30 min. practice time)	12:00 - 1:00	<input type="checkbox"/>	\$740.00 \$
		12 - 1	Nov. 3th LATE START:	<input type="checkbox"/> \$672.00 \$
	SUNDAY MORNING ICE:			
	• OPEN ICE: Open to ALL members..... (Will share Ice with clinics)	8:00 - 8:55	<input type="checkbox"/>	\$542.50 \$
	• OPEN ICE: Open to ALL members.....	8:55 - 9:50	<input type="checkbox"/>	\$542.50 \$
	TUESDAY EVENING ICE:			
	• GROUP LESSONS: Adult / Teen Beginners / Freestyle..... (30 min. instruction/30 min. practice)	7:30 - 8:30	<input type="checkbox"/>	\$760.00 \$
• ICE FOR PRIVATE LESSONS..... (MUST be accompanied by a coach during group time)	7:30 - 8:30	<input type="checkbox"/>	\$589.00 \$	
• FREESTYLE ICE: Must have passed Delta or higher.....	8:00 - 9:00	<input type="checkbox"/>	\$589.00 \$	
Combo Session	7:30 9:00	<input type="checkbox"/>	\$1,026.00	

Total \$ _____

PAYMENT: 1st quarter total is due upon Registration.

Billing will be done quarterly

Make checks out to: C.A.F.S.C. Mail to: C.A.F.S.C., P.O. Box 1193, Gloucester MA 01931

*Ice schedule including sessions, levels, times and ice costs subject to adjustment due to booking

statistics or other unforeseen circumstances.

FOR OFFICE USE ONLY

Date Received: _____ Check # _____ Amount Received: _____ Balance: _____