

# Lake Region Figure Skating Club 2011-2012

## General Information

**FAMILY - Parent/Guardian Name(s):**

**Address:**

**City:**

**State:**

**ZIP Code:**

**Home Phone:**

**Cell Phone:**

**Email address:**

## Skaters – Please list all registered minor skaters– must be registered before entering ice

**Name:**

**DOB:**

Male or Female

**Age:**

**Grade:**

**LEVEL:**

**SKATE WITH US - Yes or No**

**AM ICE - Yes or No**

**ICE SHOW - Yes or No**

**Name:**

**DOB:**

Male or Female

**Age:**

**Grade:**

**LEVEL:**

**SKATE WITH US - Yes or No**

**AM ICE - Yes or No**

**ICE SHOW - Yes or No**

**Name:**

**DOB:**

Male or Female

**Age:**

**Grade:**

**LEVEL:**

**SKATE WITH US - Yes or No**

**AM ICE - Yes or No**

**ICE SHOW - Yes or No**

**Name:**

**DOB:**

Male or Female

**Age:**

**Grade:**

**LEVEL:**

**SKATE WITH US - Yes or No**

**AM ICE - Yes or No**

**ICE SHOW - Yes or No**

**Name:**

**DOB:**

Male or Female

**Age:**

**Grade:**

**LEVEL:**

**SKATE WITH US - Yes or No**

**AM ICE - Yes or No**

**ICE SHOW - Yes or No**

## Adult Skaters – Must be registered before entering ice

*Please list any parent or guardian that may use ice:*

**Name:**

**DOB:**

**Name:**

**DOB:**

Skaters Name	Level

## Membership Dues:

<b>Family Membership</b> <i>Includes all children and two (2) parents/guardians</i>	<b>\$200.00</b>
<b>Single Membership</b> <i>Over 19 years old and not living with parents</i>	<b>\$60.00</b>
<b>Basic Skills USFSA Membership</b> <i>Required for each child in Basic Skills lessons</i>	<b>\$15.00</b> x _____ =
<b>USFSA Dues</b> <i>Paid by all Competitors, Testers &amp; Synchro skaters – First Family Member (addtl. Members \$20)</i>	<b>\$50.00</b>
<b>Additional Member USFSA Dues</b> <i>First family member is \$50, each additional is \$20</i>	<b>\$20.00</b> x _____ =
<b>Ice Show Tickets</b> <i>Each family will receive 10 tickets</i>	<b>\$50.00</b>
<b>Minimum Endowment Donation</b> <i>You will receive 6 ice show tickets in exchange</i>	<b>\$25.00</b>
<b>Beginning Synchronized Team</b> <i>Per skater – non-competitive team – Must be Basic Skills level</i>	<b>\$60.00</b> x _____ =
<b>Competitive Synchronized Team</b> <i>Fee includes power class &amp; competition fees</i>	<b>\$100.00</b> x _____ =
<b>Morning Ice (per Family)</b> <i>Skater who take private lessons &amp; competitive synchro skaters pay this fee</i>	<b>\$150.00</b>
<b>TOTAL AMOUNT DUE</b>	

*Costumes are not included in membership dues and will be an additional cost*

### Payment Options:

Full payment \$ \_\_\_\_\_

Half Year (1st payment due 10-1-2011 \$ \_\_\_\_\_, 2nd payment due 12-1-2011 \$ \_\_\_\_\_)

Six Monthly Payments (Oct thru March, due the beginning of each month) \$ \_\_\_\_\_/month)

*A PAYMENT OPTION PLAN MUST BE SELECTED OR ARRANGEMENTS MADE PRIOR TO BEING ON THE ICE*

Parent/Guardian Signature \_\_\_\_\_