

ONE APPLICATION PER SKATER

FLEX PLAN ICE PURCHASE CONTRACT

2017-2018



Skater's Name _____

USFS No. _____ Home Club _____

Skater's Date of Birth _____ Skater's E-Mail: _____

Parent(s) Name: _____ Cell No. _____

Home Phone _____ Email _____

Home Address _____

City _____ State _____ Zip _____

Professional Coach #1 _____ Cell No. _____ E-mail: _____

Professional Coach #2 _____ Cell No. _____ E-mail: _____

Last tests passed – Moves _____ Freestyle _____ Dance _____

PLEASE CIRCLE THE SELECTED HOURS AND ICE FEE

Skater can attend any club ice session with Flex Plan Purchase. Over 240 hours of ice available.

10 hours	\$ 260.00	_____
20 hours	\$ 480.00	_____
30 hours	\$ 660.00	_____

**Ice Sessions: Sunday AM 7:45-9:15 Sunday PM Freestyle 4:30-6:30/ Dance 6:30-7:30
Wednesday PM 6:15-8:15
Monday PM 6:55-7:55**

*Non Home Club members must add seasonal **\$60.00** Associate Member Fee _____

*FIRST TIME CLUB MEMBERS -- receive an additional one time 10% discount on Flex Plan Only *with* GNFS membership fee and completed membership application _____

TOTAL AMOUNT PAID: \$ _____

PLEASE MAKE CHECKS PAYABLE TO: Great Neck Figure Skating Club. Mail your check, signed flex plan contract, waiver, medical consent, and membership fee/application to: *GNFSC PO BOX 234388 Great Neck NY 11023*

Please read all the information provided in this application and keep a copy for your records.

Credit Cards Accepted with additional processing fee.

Signature of Skater *or if under 18, Signature of*
Parent/Guardian _____ Date _____