



ONE APPLICATION PER SKATER

2018- 2019

FLEX PLAN ICE PURCHASE CONTRACT

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 200 hours of ice available.

Table with 3 columns: Hours (10, 20, 30), Price (\$ 260.00, \$ 480.00, \$ 660.00), and a blank line for selection.

Ice Sessions: Sunday AM 7:15-8:45 Sunday PM Freestyle 4:30-7:30 Wednesday PM 6:15-8:15

\*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 GNFSFC 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: GNFSFC 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 \_\_\_\_\_