

2019- 2020

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.

10 hours	\$ 270.00	_____
20 hours	\$ 500.00	_____
30 hours	\$ 690.00	_____
UNLIMITED	\$ 3800.00	_____

Ice Sessions for Season 9/15/2019 – 5/31/2020

Sunday PM Freestyle 4:30-7:30

Monday PM Freestyle 7:00-8:00 Wednesday PM Freestyle 6:45-8:45

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

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

TOTAL AMOUNT PAID: Credit Cards Accepted with additional processing fee. \$ _____

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: GNFS PO BOX 234388 Great Neck NY 11023

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

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

Parent Email _____ Date _____