

## Winter 2017 Skater Information

Please complete the information below (1 form per family). Please print all information.

## Skater Information (Please Print)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Skater Name | Gender(M/F) | Date of Birth (mm/dd/yyyy) | Age | USFSA Member # (if known) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

## Parent/Guardian & Skater Contact Information

**Parent(s) Name (REQUIRED): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email (REQUIRED): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone/Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## Fees & Payment

|  |  |
| --- | --- |
|  | Total Fee |
| HMFSC Membership & Lessons, First Skater (10-week program, $170) | \_\_\_\_\_\_\_$170\_\_\_\_\_\_\_\_\_ |
| (Multi-Skater Family Discount)  HMFSC Membership & Lessons, Additional Skaters  \_\_\_ 10-week program, $150 x \_\_\_\_ skaters | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Total Payment | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*Check or cash accepted. Please make your check payable to HMFSC\*. Registration & payment may be paid in person at first lesson or mailed to:*

*Stacey Hills, HMFSC Membership Chair*

*PO Box 117*

*Cherry Plain, NY 12040*

*skateHMFSC@gmail.com*

*518-658-0114*

\*There is a $35.00 returned check fee for insufficient funds