

SC OF AMHERST JANUARY 15 – MARCH 29 ICE REGISTRATION FORM
ALL SESSIONS ARE AT THE UNIVERSITY OF MASSACHUSETTS MULLINS CENTER, AMHERST, MA

Name _____ Date of Birth _____ Grade _____

Address _____ City _____ State _____ Zip _____

Phone _____ Emergency Phone # _____ USFSA # _____

Name of Home Club if Other than SC of Amherst _____ Coach's Name _____

E-Mail Address _____

Highest U.S. Figure Skating Test **PASSED**: FREESTYLE _____ DANCE _____

PLEASE CHECK ALL SESSIONS DESIRED

10 SUNDAYS JANUARY 15 THROUGH MARCH 19 (NO SKATING MARCH 26)

_____ \$180 4:55 - 5:45 PM OPEN FREESTYLE

_____ \$180 7:05 - 7:55 PM OPEN FREESTYLE

11 MONDAYS JANUARY 16 THROUGH MARCH 27

_____ \$ 198 6:00 - 6:50 PM OPEN FREESTYLE

_____ \$ 280 7:00 - 8:20 PM OPEN FREESTYLE (80 Minute session)

11 TUESDAYS JANUARY 17 THROUGH MARCH 28

_____ \$ 198 6:00 - 6:50 PM OPEN FREESTYLE

_____ \$ 95 7:00 - 7:30 PM MOVES IN THE FIELD

_____ \$ 198 7:30 - 8:20 PM OPEN FREESTYLE

11 WEDNESDAYS JANUARY 18 THROUGH MARCH 29

_____ \$130 6:00 - 6:30 PM PRACTICE ICE (*Adults and LTS level skaters Basic 3 and above; no lesson included in fee*)

_____ \$198 6:30 - 7:20 PM OPEN FREESTYLE

_____ \$198 7:30 - 8:20 PM RESTRICTED FREESTYLE (*USFSA Pre-Pre Freestyle test and higher*)

PRE-REGISTRATION IS REQUIRED FOR ALL SESSIONS.

NO REGISTRATION OR MEMBERSHIP FORMS OR PAYMENTS WILL BE ACCEPTED AT THE RINK.

TOTAL AMOUNT DUE = \$ _____ (remember to add membership fee if applicable)

AMOUNT PAID = \$ _____

BALANCE DUE = \$ _____

MAKE CHECKS PAYABLE TO THE SKATING CLUB OF AMHERST. THERE IS A \$20 RETURNED CHECK FEE.

MAIL REGISTRATION AND PAYMENT TO LEAMAN, 98 TRACY CIRCLE, AMHERST, MA 01002.

NO REFUNDS/CREDITS AFTER JANUARY 15 EXCEPT FOR MEDICAL REASONS APPROVED BY THE SCA BOARD.

MEMBERSHIP FEES ARE NOT PRO-RATED OR REFUNDABLE.

QUESTIONS?? EMAIL SCofAmherst@gmail.com