Skating Club of New Hartford

4 Mill Street, PO Box 152, New Hartford NY 13413

Registration Form - Adult/Collegiate/Joint Freestyle

20___/ 20___ Season

Date:					
Skater:	Date of Birth: Zip:				
Address:					
City:					
Skater PHONE:	Parent/Emergency Phone:			ne:	
Parent(s) name(s):					
*** e-mail:					**
Current Age:	Gend	ler:	_ USFS #		
Primary Coach:					
Tests: Freestyle:				Dance: _	
SCNH Home Club Membe Other Home Club _					
Adult / Collegiate Member pack	giate Member package Joint Member pa			package	
ce Fees:		Ice Fees	s:		
1 st Session:	\$150	1 st Session:			\$150
2 nd Session:	\$120	2 nd Session:			\$120
3 rd / 4 th Sessions:	\$100	3 rd / 4 th Sessions:			\$100
Admin:	\$50	Admin:			\$50
Other:		Other:			
TOTAL Due:		ı	TOTAL Du	ie:	
50% payment		50% pa	yment		
CheckDate:			Check	Date: _	
Rcd:			Rcd:		
2 nd payment		2 nd navi	ment		
CheckDate:				Date: _	
Rcd:			Rcd:		
Lassians Chasan		Sassian	s Chosen:		
Sessions Chosen:				atro)	
- Sunday 6pm (Intro) - Sunday 7:45pm			nday 6pm (Ir nday 7:45pm		
- Sunday 7.43pm - Monday 5pm			nday 7.43pm	I	
- Wollday 3pm - Wednesday 4:45pm			ednesday 4:4	5nm	
- Wednesday 4.45pm (Intro)			ednesday 4.4 ednesday 6pr	-	
- Thursday 4pm			ursday 4pm	11 (111110 <i>)</i>	
indisady ipili		- 1110	arsau, apin		