

MARCH 2010

ST LOUIS SKATING CLUB ~ICE RESERVATION FORM

To receive maximum discount, reservations must be postmarked no later than FEB 15TH

To receive discounted rate, ice sheets must be postmarked by FEB 25TH.

PLEASE NOTE: ONLY CURRENT HOME CLUB OR ASSOCIATE MEMBERS WILL BE ALLOWED TO UTILIZE CLUB ICE. ALSO, THE MEDICAL RELEASE FORM NEEDS TO HAVE BEEN COMPLETED AND SIGNED.

Coaches/Pros must have board approval and a PSA membership to instruct on Club Ice

Skaters level is determined by USFS Moves or Dance Tests Passed

NAME _____ MIF LEVEL _____ DANCE LEVEL _____

Phone _____ Secondary Phone _____ Home Club _____

Email Address _____ Pro/Coach _____

All Sessions ~ No Test, Any Level

HIGH FREESTYLE ~ Passed Intermediate Moves, Silver Dance, Silver Adult Moves

OPEN ~ Passed Pre-Preliminary Moves or Higher

Walk-on Freestyle Fees: All Freestyles are \$7.50 Per ½ Hour

MAXIMUM OF 21 SKATERS PER SESSION

TUESDAY	POSTMARKED BY 15TH	POSTMARKED BY 25TH	AMOUNT DUE
MAR 2,9,16,23,30			
4:30-5:00 OPEN	\$27.50	\$32.50	_____
5:00-5:30 OPEN	\$27.50	\$32.50	_____
5:45-6:15 OPEN	\$27.50	\$32.50	_____
6:15-6:45 OPEN	\$27.50	\$32.50	_____
6:45-7:15 OPEN	\$27.50	\$32.50	_____
		TOTAL TUESDAY	_____

THURSDAY	POSTMARKED BY 15TH	POSTMARKED BY 25TH	AMOUNT DUE
MAR 4,11,18,25			
4:30-5:00 OPEN	\$22.00	\$26.00	_____
5:00-5:30 OPEN	\$22.00	\$26.00	_____
5:45-6:15 OPEN	\$22.00	\$26.00	_____
6:15-6:45 OPEN	\$22.00	\$26.00	_____
6:45-7:15 OPEN	\$22.00	\$26.00	_____
		TOTAL THURSDAY	_____

SATURDAY	POSTMARKEDBY 15TH	POSTMARKED BY 25TH	AMOUNT DUE
MAR 6,13,20,27			
12:15-12:45 ALL	\$22.00	\$26.00	_____
12:45-1:15 ALL	\$22.00	\$26.00	_____
		TOTAL SATURDAY	_____

MONTHLY TOTAL _____

Make checks payable to St. Louis Skating Club or SLSC

MAIL TO: Julie Sharp, 2925 Bridle Lane, Swansea, IL 62226

If you wish to pay by credit card, the following information must be completed. Please note that all charge information must be completed each month for the Ice Chair since this information is not maintained by the Ice Chair or Monitors.

Name: _____ Circle One VISA MASTERCARD

Address: _____ Card Acct # _____

City/State/ZIP _____ Exp. Date _____

Signature _____ Three Digit # on back of card _____

Ice Chair only:

POSTMARKED Date _____ Payment Type : Check # _____ Charge Amt _____ Total Rec'd _____