

# BRENTWOOD ~ OCTOBER 2010

## ST LOUIS SKATING CLUB ~ICE RESERVATION FORM

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

To receive discounted rate, ice sheets must be postmarked by SEPT 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 \$8.00 Per ½ Hour**

MAXIMUM OF 21 SKATERS PER SESSION

TUESDAY	POSTMARKED BY 15TH	POSTMARKED BY 25TH	AMOUNT DUE
OCTOBER 5,12,19,26			
4:30-5:00 OPEN	\$24.00	\$28.00	_____
5:00-5:30 OPEN	\$24.00	\$28.00	_____
5:45-6:15 OPEN	\$24.00	\$28.00	_____
6:15-6:45 OPEN	\$24.00	\$28.00	_____
6:45-7:15 OPEN	\$24.00	\$28.00	_____
TOTAL TUESDAY			_____

THURSDAY	POSTMARKED BY 15TH	POSTMARKED BY 25TH	AMOUNT DUE
OCTOBER 7,14,21,28			
4:30-5:00 OPEN	\$24.00	\$28.00	_____
5:00-5:30 OPEN	\$24.00	\$28.00	_____
5:45-6:15 OPEN	\$24.00	\$28.00	_____
6:15-6:45 OPEN	\$24.00	\$28.00	_____
6:45-7:15 OPEN	\$24.00	\$28.00	_____
TOTAL THURSDAY			_____

SATURDAY	POSTMARKEDBY 15TH	POSTMARKED BY 25TH	AMOUNT DUE
OCT:2,9,16,23,30			
12:15-12:45 ALL	\$30.00	\$35.00	_____
12:45-1:15 ALL	\$30.00	\$35.00	_____

TOTAL SATURDAY  
MONTHLY TOTAL \_\_\_\_\_

Make checks payable to St. Louis Skating Club or SLSC  
MAIL TO: Ana Serrano, 2622 Breakwater Drive, Imperial, MO 63052

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 \_\_\_\_\_