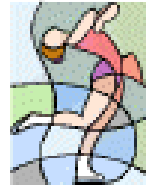




# 2007-08 MISSOULA FIGURE SKATING CLUB REGISTRATION FORM



Parent or Guardian Information			
Parent/Guardian Name:	Phone:	(hm)	
Address:	Phone:	(wk)	
City:	State:	Zip:	Email:

Skater Information			
Skater Name (Last, First, Middle I.)	Circle One		
#1:	M or F	Date of Birth:	Age: USFSA #:
#2:	M or F	Date of Birth:	Age: USFSA #:
#3:	M or F	Date of Birth:	Age: USFSA #:
#4:	M or F	Date of Birth:	Age: USFSA #:

**2007-08 Club Membership** (7/1/07-6/30/08) includes US Figure Skating Membership & magazine  
**"Stars" Skating School Session II** (1/13/08-3/9/08) 8 weeks \$130 for new Club members/\$90 for existing Club members\*  
**"Medalists" Skating School Session II** (1/13/08-3/9/08) 8 weeks \$160 for new Club members/\$120 for existing Club members\*  
**"Champions" Skating School Session II** (1/13/08-3/9/08) 8 weeks \$190 for new Club members/\$150 for existing Club members\*  
**Club Ice Sessions:** \$55 for 5; \$100 for 10; \$180 for 20; \$280 for 40; \$420 for 60; \$600 for Season Pass; \$1,200 for Family Pass

**\*\$10 discount per Skating School session for registration by deadline! Session II Deadline is Jan 5th**

Skater Name	Member- ship Fee \$70  Coaches Membership Fee \$35	Add'l Family Member or Associate Member Fee \$35	Stars Skating School Session II \$90 or \$130* <small>*includes first time Membership</small>	Medalists Skating School Session II \$120 or \$160* <small>*includes first time Membership</small>	Champions Skating School Session II \$150 or \$190* <small>*includes first time Membership</small>	Club Ice Sessions: 5 Sess.= \$55 10 Sess.= \$100 20 Sess.= \$180 40 Sess.= \$280 60 Sess.= \$420 Season Pass \$600 Family Pass \$1,200	Total (add amounts across)
#1		N/A					
#2	N/A						
#3	N/A						
#4	N/A						
<b>Discount: \$10 off per Skating School Session if registered by Deadline! (subtract amts here)</b>							-
<b>Make payments to: Missoula Figure Skating Club (MFSC)</b>					<b>Grand Total Due (add amts down)</b>		

(√) \_\_\_\_\_ My total is \$250 or more and I want to use the MFSC payment plan (see separate form).  
 Mail form to: MFSC • PO Box 9195 • Missoula MT 59807

For Office Use Only:			
Date: _____	Amt. Paid: _____	Cash or Ck # _____	Staff Initials _____
Date: _____	Amt. Paid: _____	Cash or Ck # _____	Staff Initials _____
Date: _____	Amt. Paid: _____	Cash or Ck # _____	Staff Initials _____
Code of Conduct Form completed _____ Date in USFS System _____			
Date in B.S. System _____ B.S. Booklet/Card Received _____ Coach's Policy Form completed _____			
Payment Plan Form completed* _____ *Option for Club Members only for totals of \$250 or more			