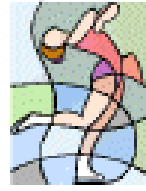




2009-10 MISSOULA FIGURE SKATING CLUB GENERAL REGISTRATION FORM



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:	USFS #:
#2:	M or F	Date of Birth:	Age:	USFS #:
#3:	M or F	Date of Birth:	Age:	USFS #:
#4:	M or F	Date of Birth:	Age:	USFS #:

2009-10 Club Membership (7/1/09-6/30/10) includes US Figure Skating Membership & magazine - \$80; Assoc - \$45; Coaches - \$45
Stars Skating School Session I (1/10/09-3/21/09) 8 classes \$150 for new Club members/\$100 for existing Club members*
Medalists Skating School Session I (1/10/09-3/21/09) 8 classes \$150 for new Club members/\$100 for existing Club members*
Champions Skating School Session I (1/10/09-3/21/09) 8 classes \$217 for new Club members/\$167 for existing Club members*
Club Ice Sessions: \$60 for 5; \$110 for 10; \$200 for 20; \$360 for 40; \$480 for 60; \$700 for Ind. Season Pass; \$600 for 2nd family member, \$500 for 3rd + family members

***\$10 discount per Skating School session if registered by January 9th!**

Skater Name	Membership \$80 Coaches Membership \$45	Add'l Family Member or Associate Member Fee \$45	Stars Skating School Session I \$100 or \$150* <small>*includes first time Membership</small>	Medalists Skating School Session I \$100 or \$150* <small>*includes first time Membership</small>	Champions Skating School Session I \$167 or \$217* <small>*includes first time Membership</small>	Club Ice Sessions: 5 Sess.= \$60 10 Sess.= \$110 20 Sess.= \$200 40 Sess.= \$360 60 Sess.= \$480 Ind. Pass \$700 2 nd Mem. \$600 3 rd + Mem. \$500	Total (add amounts across)
#1		N/A					
#2	N/A						
#3	N/A						
#4	N/A						
Discount: \$10 off per Skating School Session if registered by January 9th! (subtract amts here)							-
Make payments to: Missoula Figure Skating Club (MFSC)					Grand Total Due (add amts down)		

(✓) _____ *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 (new members only) _____			
Date in USFS System _____		Date in B.S. System _____	
B.S. Booklet/Card Received _____			
Payment Plan Form completed* _____ *Option for Club Members only for totals of \$250 or more			