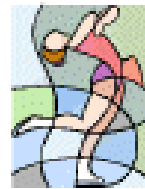




2011-12 MISSOULA FIGURE SKATING CLUB GENERAL REGISTRATION FORM SESSION 2



Parent or Guardian Information				Phone:	(wk)
Parent/Guardian Name:				Phone:	(hm)
Address:				Phone:	(cell)
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 #:	

2011-12 Club Membership (7/1/11-6/30/12) includes USFS Membership & mag - \$90; Assoc - \$50; Intro/Coaches - \$65; College \$110
Stars Skating School Session I (1/22/12 – 3/11/12) 8 classes \$135 for new USFS/MFSC members/\$100 for existing*
Medalists Skating School Session I (1/22/12 – 3/11/12) 8 classes \$135 for new USFS/MFSC members/\$100 for existing*
Champions Skating School Session I (1/22/12 – 3/11/12) 8 classes \$185 for new USFS/MFSC members/\$150 for existing*
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 (9/7/2011-5/15/2012 approx.)

***\$10 discount per Skating School session if registered by January 7th!**

Skater Name	General Membership \$90	Add'l Family Member or Associate Member Fee \$50	Stars Skating School Session I \$100 or \$135*	Medalists Skating School Session I \$100 or \$135*	Champions Skating School Session I \$150 or \$185*	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 7th! (subtract amts here)							-
Make payments to: Missoula Figure Skating Club (MFSC)					Grand Total Due (add amts down)		

(v) _____ 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	