

Name: _____ USFS #: _____

Phone # _____ Coach: _____

Freestyle Level: _____ Home Club: _____

SUNDAY- BUFFALO STATE COLLEGE

Selection	Session #	Time	Start Date	End Date	# Weeks	Level	Cost
	22	4-5:00	9/27/2009	4/18/2010	11	Badge/Low, Beg. - Prelim. 1HR	\$132.00
	23	5-5:50 pm	9/27/2009	4/18/2010	11	Badge/Low, Beg. - Prelim. 1HR	\$132.00
	24	6-7:00 pm	9/27/2009	4/18/2010	14	Prelim. & Up 1HR	\$168.00
	25	7-7:50 pm	9/27/2009	4/18/2010	16	Mixed/Dance 1HR	\$192.00
			9/27/2009	4/18/2010			
	26	8-8:50 pm	9/27/2009	4/18/2010	16	Mixed/Dance 1HR	\$192.00
			9/27/2009	4/18/2010			
	27	7:30-8:50	12/9/2009	2/7/2010	8	1.5 hrs- no make-ups allowed to be made on this session.	\$144.00

TUESDAY- BRIGHTON RINK (1HR)

Selection	Session #	Time	Start Date	End Date	# Weeks	Level	Cost
	52	8:00- 9:00	10/13/2009	3/2/2010	20	Mixed/Dance 1 HR	\$240.00

THURSDAY- NORTH BUFFALO RINK

Selection	Session #	Time	Start Date	End Date	# Weeks	Level	Cost
	28	7-8:00 pm	9/3/2009	4/29/2010	32	Mixed/Dance 1 HR	\$384.00
	29	8- 8:50 pm	9/3/2009	4/29/2010	32	Mixed/Dance 1 HR	\$384.00

SATURDAY-LINCOLN RINK

Selection	Session #	Time	Start Date	End Date	# Weeks	Level	Cost
	60	5:00-6:00	10/10/2009	2/27/2010	19	Mixed/Dance 1 HR	\$228.00
	61	5:45- 6:45	10/10/2009	2/27/2010	19	Mixed/Dance 1 HR	\$228.00
	60 & 61	5:00-6:45	10/10/2009	2/27/2010	19	Mixed/Dance 1.75 HR	\$399.00

SUNDAY-BRIGHTON RINK

Selection	Session #	Time	Start Date	End Date	# Weeks	Level	Cost
	50	4:45-5:45	10/25/2009	2/21/2010	14	Mixed/Dance 1 HR	\$168.00
	51	5:15- 6:15	10/25/2009	2/21/2010	14	Mixed/Dance 1 HR	\$168.00
	50 & 51	4:45-6:15	10/25/2009	2/21/2010	14	Mixed/Dance 1.50 HR	\$252.00

****By my signature, I agree to submit the final payment by the date indicated.
It is my understanding that if I do not comply, I or the skater, if signing for a minor, will not be allowed on the ice until final payment has been made.

***Signature of responsible party _____

Date _____

Please make check payable to Buffalo Skating Club. Checks or money orders only.

There is a \$25 fee for returned checks. *Also, Please be advised that monetary refunds will not be given. However, a credit may be given for unused ice time due to physician documented injuries.

Membership fees if New: _____ (from membership form)

Fall ice purchase : \$ _____ (from this form)

*Less Credits: (\$ _____) (from credit form)

25% down: (\$ _____) **2nd payment is due by 11/15/09, **3rd payment due by 1/15/10.

TOTAL DUE: _____ Final payment \$ _____ Due by: 3/15/10

Amount Paid _____ Received by _____

Cash \$ _____ Check # _____ \$ _____ Date _____