

Figure Skating Club of Bloomington FALL-2011 Ice Contract
Tuesday, September 6, 2011 through Saturday, November 12, 2011
Associate Club Member Contract

CONTRACT DUE Monday, August 29, 2011 - \$15 Late fee applied if after Due Date

STEP 1: Choose the sessions you want to skate

MONDAY

Sess #	Time	Name	# of Sess	Price	Total
1	3:15-4:00	FS	9	\$99.00	\$
2	4:15-5:00	FS	9	\$99.00	\$
3	5:15-6:00	FS	8	\$88.00	\$
4	6:15-7:00	FS	8	\$88.00	\$

10/31/2011 Ice Ends at 5PM

TUESDAY

Sess #	Time	Name	# of Sess	Price	Total
5	3:15-4:00	FS	10	\$110.00	\$
6	4:15-5:15	FS	10	\$140.00	\$
7	5:30-6:30	FS	10	\$140.00	\$

WEDNESDAY

Sess #	Time	Name	# of Sess	Price	Total
8	3:15-4:00	FS	10	\$110.00	\$
9	4:15-5:00	FS	10	\$110.00	\$
10	5:15-6:00	FS	10	\$110.00	\$
11	6:15-7:00	FS	10	\$110.00	\$

THURSDAY

Sess #	Time	Name	# of Sess	Price	Total
12	3:15-4:00	FS	10	\$110.00	\$
13	4:15-5:15	FS	10	\$140.00	\$
14	5:30-6:30	FS	10	\$140.00	\$
15	6:30-7:00	FS	10	\$60.00	\$

Note: JR. Club is offered at the same time as session 15

FRIDAY

Sess #	Time	Name	# of Sess	Price	Total
16	3:15-4:00	FS	10	\$110.00	\$
17	4:15-5:15	FS	10	\$140.00	\$
18	5:15-6:00	FS	9	\$99.00	\$

*9/30/11 Ice Ends at 5:15PM**

SATURDAY

Sess #	Time	Name	# of Sess	Price	Total
20	7:45-8:30	FS	10	\$110.00	\$
21	8:30-9:15	FS	10	\$110.00	\$

CONTRACT TOTAL: \$

STEP 2: Calculate Payment

If you are paying contract in full put the amount from below here: \$
 If you are making 3 payments, divide the total by 3 and put results here: \$

STEP 3: Late Fees

Is the contract being submitted after August 29? If yes add \$15.00 \$

STEP 4: First Check Amount

Add Steps 2 through 4 and put total here: \$
 Put your Check # here:

STEP 5: 2nd and 3rd Check Amounts

If choosing to pay the contract over 3 payments, enter the amount in Step 2

2ND PAYMENT DATED October 3, 2011 CK#: \$
 3RD PAYMENT DATED October 24, 2011 CK#: \$

NOTE: 2nd & 3rd CHECKS ARE DUE WITH THIS CONTRACT

STEP 6: Ensure we have current contact information

Skater's Name:

Address:

City, ST & Zip:

Skater's DOB:

Parent Name(s):

Primary Contact Phone Number:

Primary Contact E-mail:

Highest Test Level Passed:

MIF: FREE:

Coach's Name :

By signing this contract, I am responsible for all sessions contracted.

Signature: _____

(must be parent or guardian if under the age of 18)

STEP 7: Submit Contract to Pros Office

FSC Of Bloomington

C/O Thomas Amon and/or Mary Seline 952-832-0228 (Pro's Office Number)

Random Buy-On Prices are \$2.00 more/session than contract price!

FSCB Board Reserves the right to cancel any session that does not fill.