

Kent Skating Club

2017–2018 Ice Application

Skater's Last Name: _____ First Name: _____

Home Club: _____ USFS #: _____

Parent's/Legal Guardian's names: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Day Phone: _____ Email: _____

Definition of Sessions:

General: All Skaters permitted, provided skater is currently enrolled or has passed USFS Learn to Skate (LTS) Basic 1. Skaters below LTS Basic 4 must be in coaching lesson for 30 minutes of the session.

Moves: All Skaters having *passed* Learn to Skate (LTS) Basic 4 and above permitted.

Checkmark all sessions requested and enter the appropriate amount to the right.

Contracted General session fees based on rate of \$15.00/hr for Full Members, and \$17.00/hr. for Associate Members. Walk on rate is \$20.00 per hour/ \$10.00 per ½ hour. Walk on rates for moves session is \$4.00.

				KSC Home Club (Full) Members \$15	Associate Members \$17
				Times	
Tuesday	<input type="checkbox"/> General-1	(32 sessions @ 60 min.)	4:40PM – 5:40PM	\$480 _____	\$544 _____
	<input type="checkbox"/> Moves-1	(32 sessions @ 10 min.)	5:40PM – 5:50PM	\$80 _____	\$88 _____
	<input type="checkbox"/> General-2	(32 sessions @ 30 min.)	5:50PM – 6:20PM	\$240 _____	\$272 _____
	<input type="checkbox"/> General-3	(32 sessions @ 30 min.)	6:20PM – 6:50PM	\$240 _____	\$272 _____
Friday	<input type="checkbox"/> Moves-1	(32 sessions @ 10 min.)	5:30PM – 5:40PM	\$80 _____	\$88 _____
	<input type="checkbox"/> General-1	(32 sessions @ 60 min.)	5:40PM – 6:40PM	\$480 _____	\$544 _____
TOTALS				\$ _____	\$ _____

Payment Plan: If not paying the full contract amount, this amount would equal 1/9 of total contracted.

This portion is due at the time of submission of the contract.

\$ _____

Installment Payments: Remaining 8/9 of the contract balance is due in 8 equal payments on the 15th of each month.

First installment due on or before 9/15/17.

Subsequent payments due on the 15th of each month thru 4/15/18.

\$ _____

Processing fee: Any contract postmarked after 8/25/2017 will be assessed a \$25.00 processing fee.

\$ _____

I agree the above application represents my request to reserve Kent Skating Club ice sessions for _____, (Skater's name) during the 2017-2018 skating season. My signature indicates I have read and agree to abide by the rules governing this reservation and the fees incurred.

Signature of adult skater or parent/legal guardian of minor skater

Date