

Summer Figure Skating Camp REGISTRATION FORM



NAME: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

HOME: () _____

BUS: () _____

CELL: () _____

E-MAIL: _____

Highest ISI Level Passed: _____

Highest USFSA Level Passed: _____

Jumps you are working on: _____

Skating School Level: _____

Birthdate: _____

Male / Female (circle one)

T-shirt Size: Adult S M L XL
 Child S M L

OFFICE USE ONLY:

- CC # _____
Exp _____ VISA / Mastercard / AMEX
- CHECK # _____
- CASH _____
- Date: _____
- Pymt Rcvd By _____