

Binghamton Figure Skating Club, Inc.
2011/2012 "Learn-to-Skate" Registration Form

Mail/Contact Information

Parent's Name: _____ Home Phone: _____
 Address: _____ Cell Phone: _____
 City/State/Zip: _____ Work Phone: _____
 E-Mail: _____ Fax: _____

Has student had lessons before? No ____ . Yes ____ : Current level 1__ 2__ 3__ 4__ 5__ 6__ 7__ 8__

Skater Registrations

Names of Skaters (all from same household)	Date of Birth (mm/dd/yy) or Adult	Gender (M/F)	Parent Skate* (per session per person fee)	Broome Community College					
				Saturday (S) Sessions				Tuesday (T) Sessions	
				S-1 10/1 to 11/5	S-2 11/12 to 12/17	S-3 1/7 to 2/11	S-4 2/18 to 3/24	T-1 1/3 to 2/7	T-2 2/14 to 3/20
1.			<input type="checkbox"/> \$25 <input type="checkbox"/> \$80	<input type="checkbox"/> \$80	<input type="checkbox"/> \$80	<input type="checkbox"/> \$80	<input type="checkbox"/> \$80	<input type="checkbox"/> \$80	<input type="checkbox"/> \$80
2.			<input type="checkbox"/> \$25 <input type="checkbox"/> \$80	<input type="checkbox"/> \$80	<input type="checkbox"/> \$80	<input type="checkbox"/> \$80	<input type="checkbox"/> \$80	<input type="checkbox"/> \$80	<input type="checkbox"/> \$80
3.			<input type="checkbox"/> \$25 <input type="checkbox"/> \$80	<input type="checkbox"/> \$80	<input type="checkbox"/> \$80	<input type="checkbox"/> \$80	<input type="checkbox"/> \$80	<input type="checkbox"/> \$80	<input type="checkbox"/> \$80
4.			<input type="checkbox"/> \$25 <input type="checkbox"/> \$80	<input type="checkbox"/> \$80	<input type="checkbox"/> \$80	<input type="checkbox"/> \$80	<input type="checkbox"/> \$80	<input type="checkbox"/> \$80	<input type="checkbox"/> \$80
5.			<input type="checkbox"/> \$25 <input type="checkbox"/> \$80	<input type="checkbox"/> \$80	<input type="checkbox"/> \$80	<input type="checkbox"/> \$80	<input type="checkbox"/> \$80	<input type="checkbox"/> \$80	<input type="checkbox"/> \$80
6.			<input type="checkbox"/> \$25 <input type="checkbox"/> \$80	<input type="checkbox"/> \$80	<input type="checkbox"/> \$80	<input type="checkbox"/> \$80	<input type="checkbox"/> \$80	<input type="checkbox"/> \$80	<input type="checkbox"/> \$80
7.			<input type="checkbox"/> \$25 <input type="checkbox"/> \$80	<input type="checkbox"/> \$80	<input type="checkbox"/> \$80	<input type="checkbox"/> \$80	<input type="checkbox"/> \$80	<input type="checkbox"/> \$80	<input type="checkbox"/> \$80
Method of payment:		Column TOTALS:							
Check # _____ Cash \$ _____ Money Order # _____		Grand TOTAL:							

Mail Registration/Payment to: **Binghamton Figure Skating Club, Inc.**
P.O. Box 126, Endicott, New York 13761-0126

This Section For Business Purposes. Do not write below this line.

Amount Received: \$ _____ Check # _____ Cash: _____ Money Order # _____