

Skater's Name: _____

Address: _____

City/State/Zip: _____

Phone #: _____

Email: _____

Birthdate: _____ Age: _____

Primary Coach Name: _____

Parent Name: _____

BEYOND THE BASICS

Tuesdays: \$ _____ Sundays: \$ _____

ROTATION

Sundays: \$ _____

ICE DANCE

Sundays: \$ _____

POWER/EDGE CLASS

Tuesdays: \$ _____

Total Paid: \$ _____

Payment Options:

() Check # _____ () Cash

() Visa/MC () American Express () Discover

Account # _____

(\$50.00 minimum on all credit card purchases)

Signature: _____

Expiration Date: _____ Zip Code: _____

(Make Checks Payable to Blade & Edge FSC)