



## Chagrin Valley Figure Skating Club 2011-2012 Ice Application

Skater's Name \_\_\_\_\_

Home Club \_\_\_\_\_ USFS # \_\_\_\_\_

Parents/Legal Guardians Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

**\*\*\*Applications *MUST* be postmarked by September 2, 2011 for reduced rate\*\*\***

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

**Contracted session fees bases on rate of \$14/hr. for Full Members & \$15/hr. for Associate Members.**

**Applicable discount of \$1 per hour granted to contracts submitted before September 2, 2011.**

	<b>CVFSC Member</b>		<b>Associate Member</b>	
	<small>Before 9/2/11</small>	<small>After 9/2/11</small>	<small>Before 9/2/11</small>	<small>After 9/2/11</small>
Wednesday ____ (38 sessions @ 60 min) 4:30pm-5:30pm	\$494.00 ____	\$532.00 ____	\$532.00 ____	\$570.00 ____
Saturday ____ (33 sessions @ 90 min) 9:40am-11:10am	\$643.50 ____	\$693.00 ____	\$693.00 ____	\$742.50 ____
Total Amount Due	\$ _____	\$ _____	\$ _____	\$ _____
Pay ½ of total now and other ½ Due November 15, 2011			Total Paid	\$ _____

I agree the above application represents my request to reserve Chagrin Valley Club ice sessions, for the skater listed above, during the 2011-2012 skating season. My signature indicates I agree to abide by this reservation and the fees incurred.

\_\_\_\_\_  
Signature of adult skater or parent/legal guardian

\_\_\_\_\_  
Date

Checks made payable to CVFSC – Mailed with application to Melisa Pozwick, 18975 White Oak Drive, Chagrin Falls, OH 44023. *Visa Card Payments may be used at the Pond for a additional processing fee.*

Club Ice runs from Wednesday September 7, 2011 through Wednesday May 30, 2012. There is no club ice on Saturday November 26, 2011, Saturday December 24-Saturday December 31, 2011, Saturday January 14, 2012, and Saturday February 18, 2012. Ice times may vary. Refunds will be given only at the discretion of the Board. The Board reserves the right, in the event of a refund, to deduct 20% of the amount of the refund.

**2011-2012 Walk-On Rates**

**\*60 minute session \$20 \* 90 minute session \$25**