

Lower Cape Figure Skating Association

P.O. Box 1197

East Orleans, MA 02643

Block 4 Contract 2009/2010

March 2 – April 29 (9 Weeks)

Skater's Name

Phone #

Pro's Name

Step #1

Please check the sessions you wish to skate:

No Ice
Monday 3/1

Monday

Tuesday

Wednesday

Thursday

4:00-5:00

4:00 – 5:00

2:45 - 3:45

2:45 - 3:45

4:00 - 5:00

4:00 - 5:00

5:00 - 6:00

Step #2

Calculate contract amount.

# of Sessions per week <small>√'d</small>	# of Weeks this block	Total sessions skating	Less No Ice on Mon 3/1	Total sessions skating	**Rate per session	Total due this contract
	X 9	=		=	X	=

**** 1 to 3 sessions per week = \$15.00 per session**
**** 4 to 7 sessions per week = \$13.00 per session**

Step #3

Sign form and enclose cash or check made payable to LCFSA.
Drop in the mail or at the rink.

- Notes:
- 1) Payment & contract is due in full by first skating session.
 - 2) Coupons cannot be used towards contract bill.
 - 3) No credits can be given for absences or vacations. NO SWITCHING ICE TIMES!
 - 4) Any questions please call Traci Gionfriddo @ 617.306.3096 or traci@sbbcapecod.com.

Parent/Guardian Signature _____ Date: _____

For Membership Coordinator's Use Only

Date: _____ Paid by cash or check # _____ Amount \$ _____ Balance due _____