



Ice Form Due (for seniority booking): 12/9/11

Drop Deadline: 12/18/11

Forms received after the deadline will be booked 1st come/1st served

CFSC Winter 2011-12 Ice Application & Contract – 12/19/11 – 3/18/12

SKATER: _____ PHONE #: _____

EMAIL: _____ COACH: _____

HIGHEST TEST PASSED: FREE _____ MOVES _____ PAIR _____

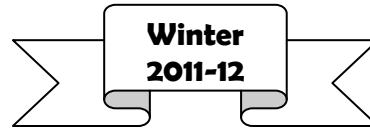
- 1) Circle the session(s) you wish to book. If booking for Pairs, write PR next to session number.
- 2) Complete the Payment Contract on the reverse side of this form.
- 3) Submit the completed form along with your ice deposit to the Colonial FSC office by December 9, 2011.

Important: Please check the Ice Designations on the Ice Schedule before booking ice! Eligibility on FS/MVS sessions is based on Freestyle Test Passed.

**O=PrePre-Sr; L=NoTest-PreJuv; H=Juv-Sr; L-H=NoTest-Sr; A=Adult; OD=Dance all levels;
FTWK=Footwork; *= #of Pairs allowed**

1	Mon	12:55 FS/MVS-O***	\$12.00	34	Thu	1:00 FS/MVS-O***	\$12.00
2	Mon	1:50 FS/MVS-O**	\$12.00	35	Thu	1:55 FS/MVS-O**	\$12.00
3	Mon	2:45 FS/MVS-O *	\$12.00	36	Thu	2:50 FS/MVS-O*	\$12.00
4	Mon	3:40 FS/MVS-O	\$12.00	37	Thu	3:00 BS/No Test	\$12/hr
5	Mon	4:40 FS/MVS-L-H	\$16.00	38	Thu	3:45 FS/MVS-L-H*	\$12.00
6	Mon	5:05 FS/MVS-H*	\$12.00	39	Thu	4:25 FS/MVS-H**	\$12.00
7	Mon	5:50 FS/MVS-O	\$12.00	40	Thu	4:40 FS/MVS-L*	\$12.00
8	Mon	6:00 FS/MVS-O**	\$12.00	41	Thu	5:20 FS/MVS-L-H*	\$10.00
9	Mon	6:45 FS/MVS-L-H**	\$12.00	42	Thu	5:50 FS/MVS-O**	\$12.00
10	Mon	7:40 FS/MVS-A/OD*	\$12.00				
11	Mon	8:35 FS/MVS-A/OD*	\$12.00	43	Fri	1:00 FS/MVS-O***	\$12.00
				44	Fri	1:55 FS/MVS-O**	\$12.00
12	Tue	12:55 FS/MVS-O***	\$12.00	45	Fri	2:50 FS/MVS-O*	\$12.00
13	Tue	1:50 FS/MVS-O**	\$12.00	46	Fri	3:55 FS/MVS-L-H**	\$12.00
14	Tue	2:45 FS/MVS-O*	\$12.00	47	Fri	4:35 FS/MVS-L*	\$12.00
15	Tue	3:40 FS/MVS*-H	\$12.00	48	Fri	4:50 FS/MVS-H**	\$10.00
16	Tue	3:55 FS/MVS*-L-H	\$12.00	49	Fri	5:20 FS/MVS-L**	\$10.00
17	Tue	4:40 FS/MVS/FTWK-O	\$16.00	50	Fri	5:30 FS/MVS-O	\$12.00
18	Tue	4:50 FS/MVS-L-H	\$12.00	51	Fri	5:50 OD/F/MVS-L-H	\$12.00
19	Tue	5:45 FS/MVS-L-H/OD	\$12.00	52	Fri	6:45 OD/F/MVS/A-L-H	\$12.00
20	Tue	5:50 FS/MVS-H**	\$12.00	53	Fri	7:30 OD/F/MVS/A-L-H	\$12.00
21	Tue	6:40 OD/FS/MVS-O	\$12.00				
22	Tue	6:45 FS/A/MVS-L**	\$12.00	54	Sat	9:00 FS/MVS-O	\$12.00
23	Tue	7:25 OD/FS/MVS-O/A	\$12.00	55	Sat	9:55 FS/MVS-H	\$12.00
				56	Sat	10:10 FS/MVS-L-H*	\$12.00
24	Wed	12:55 FS/MVS-O***	\$12.00	57	Sat	10:50 FS/MVS-L-H	\$12.00
25	Wed	1:50 FS/MVS-O***	\$12.00	58	Sat	11:05 FS/MVS-O	\$12.00
26	Wed	2:45 FS/MVS-O*	\$12.00	59	Sat	11:40 FS/MVS-O	\$12.00
27	Wed	3:40 FS/MVS-L-H	\$12.00	60	Sat	12:35 FS/MVS-O**	\$12.00
28	Wed	4:40 FS/MVS-H*	\$12.00	61	Sat	2:25 OD/FS/MVS-A*	\$12.00
29	Wed	4:50 FS/MVS-L*	\$12.00	62	Sat	3:20 OD/FS/MVS-A*	\$12.00
30	Wed	5:45 FS/MVS-L-H	\$12.00				
31	Wed	6:40 FS/MVS/OD-L-H	\$10.00				
32	Wed	7:10 FS/MVS-A*	\$12.00				
33	Wed	8:05 FS/MVS-A*	\$12.00				

CFSC WINTER 2011-12 ICE APPLICATION & CONTRACT
12/19/11 – 3/18/12



Payment must be included with this form – see Payment Options below

Skater's Name: _____ Phone #: _____
 Parent's Email: _____

Number of 1 Hour Sessions per week _____ x \$16.00 = _____ x 13 wks = _____
 Number of 45 Minute Sessions per week _____ x \$12.00 = _____ x 13 wks = _____
 Number of 30 Minute Sessions per week _____ x \$10.00 = _____ x 13 wks = _____
 Basic Skills Practice Ice (Sess # 37, \$12.00 per hr) # hrs/week _____ x \$12.00 = _____ x 13 wks = _____

***Total:** _____

***NOTE: On occasion, sessions will be cancelled due to holidays, events, etc. Ice accounts will be adjusted accordingly.**

Payment Options: Please circle your choice

<u>OPTION #1</u>	<u>OPTION # 2</u>	<u>OPTION # 3</u>
100% due with Ice Form	50% due with Ice Form	1/3 due with Ice Form
	Balance Due 2/1/12	1/3 due 1/18/12
		Balance Due 2/15/12

I agree to the terms of this contract: *Signature* _____ *Date* ____/____/____

Payment Method:

____ Cash/ ____ Check/ ____ Money Order: Amount Enclosed: \$ _____

Please Charge My Credit Card:

____ *Master Card* ____ *VISA* ____ *Discover* *Cardholder's Name* _____

Cardholder's Address: _____ *City* _____ *State* ____ *Zip* _____

Credit Card # _____ - _____ - _____ - _____ *Exp Date* ____/____/____ *Amount Charged \$* _____

****Would you like future installments to be billed to this credit card automatically?** ____ yes ____ no

****Future installments will be charged according to the payment option chosen. (Note: future installments will be determined based on your actual ice total – after any changes)**

CARDHOLDER'S SIGNATURE

CARDHOLDER E-MAIL OR PHONE NUMBER

Office Use Only: #1 \$ _____ *Date* ____/____/____
 #2 \$ _____ *Date* ____/____/____
 #3 \$ _____ *Date* ____/____/____