

Albert Lea Figure Skating Club Spring 2015 (April 6th – May 13th) ** Please write neatly!

Name:	Last level passed		
Birthdate:	Current member of USFS	A? Yes or No USFSA	\ #
Parents:			
Address			
Phone: ()	Cell Phone: ()	E-Mail:	
Coach 1st Ch (Co	noice paches: Suzanne Olson, Anne	_ 2nd Choice Sternhagen, Jillian We	estrum)
Double lesson upon availabili	s/night will be scheduled only ty.	after all skaters are se	cheduled and
(Choose the day(s) you insert the # of lesson(
_	ning: Private Semi-Pri Evening: Private Semi-P		
* Semi-Private les	ssons are available for basic skills	only and must have coach	approval.
	e rank your skating time prefer e required to take the later blocks.	ence: (with 1 being first	pick and 4 being last)
Block 1 (6:00-6:4	5) Block 2 (6:45-7:30) Block	ck 3 (7:45-8:30) Block	4 (8:15-(9:00)
	e all scheduling conflicts. (Dayour skater on the ice)	y, time, and reason and	also the latest time
If you have an	y questions with scheduling -	please call Terri Wich	mann @ 383-3617.
TO BE COMPLET Previously skated t	ED BY CLUB: this year with the club? Yes or No.)	
Paid by CASH or C	CHECK Check# Da	te Received	