

Albert Lea Figure Skating Club 2015 Fall Ice (Starts Aug. 31) ** Please write neatly!

Name:	Last level passed		
Birthdate:	_ Current member of US	SFSA? Yes or No I	USFSA #
Parents:			
Address			
Phone: ()	Cell Phone: ()	ıE-Mai	il:
Coach 1st Choice (Coaches: Suz	zanne Olson, Anne Ste	2nd Choice rnhagen, Britnni La	ir, Sarah Anderson)
upon availability. If	ht will be scheduled o f you want private less onday and Wednesday	ons during show se	ession, you should
	oose the day(s) you		
Wednesday Ever	j: Private Semi- ning: Private Sem s are available for basic sk	ni-Private*Grou	ıp**
	k your skating time pre uired to take the later block		ng first pick and 4 being last)
Block 1 (6:15-7:00)	Block 2 (7:00-7:45)	_ Block 3 (8:00-8:45)_	Block 4 (8:45-9:30)
Please indicate all you would like your s	•	Day, time, and reaso	on and also the latest time
(5	ny questions with sch 507)-402-2336 or email	nmaustinson@gma	ail.com
Registration and \$50	.00 fee may be mailed to	ALFSC, PO Box 368,	, Albert Lea, MN 56007
Registration fee includ non-refundable.	es membership with United	I States Figure Skating	Association (USFSA) and is
CURRENT MEMBERS: F	orm must be returned by June	<u>: 25, 2014</u> to avoid a lapse	e in your USFSA Membership.
TO BE COMPLETED BY	CLUB:		

Paid by CASH or CHECK Check # Date Rec
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