



Albert Lea Figure Skating Club August Session (8/3/15-8/24/15)

**** Please write neatly!**

Name: _____ Last level passed _____

Birthdate: _____ Current member of USFSA? Yes or No USFSA # _____

Parents: _____

Address _____

Phone: (____) _____ Cell Phone: (____) _____ E-Mail: _____

Coach 1st Choice _____ 2nd Choice _____
(Coaches: Suzanne Olson, Anne Sternhagen)

Double lessons will be scheduled only after all skaters are scheduled and upon availability.

Insert the # of lesson(s) in the type field:

Monday Evening: Private _____ Semi-Private* _____ Group** _____

* Semi-Private lessons are available for basic skills only and must have coach approval.

Blocks: Please rank your skating time preference: (with 1 being first pick and 4 being last)

*Older girls will be required to take the later blocks.

Block 1 (6:00-6:45) _____ Block 2 (6:45-7:30) _____ Block 3 (7:45-8:30) _____ Block 4 (8:15-9:00) _____

Please indicate all scheduling conflicts. (Day, time, and reason and also the latest time you would like your skater on the ice)

**If you have any questions with scheduling - please call Nikki Austinson @ 402-2336
email @ nmaustinson@gmail.com**

Registration and \$50.00 fee may be mailed to ALFSC, PO Box 368, Albert Lea, MN 56007

Registration fee includes membership with United States Figure Skating Association (USFSA) and is non-refundable.

TO BE COMPLETED BY CLUB:

Previously skated this year with the club? Yes or No

Paid by CASH or CHECK Check # _____ Date Received _____