



ONE APPLICATION PER SKATER

2023-2024

FLEX PLAN ICE PURCHASE CONTRACT

Skater's Name \_\_\_\_\_

USFS No. \_\_\_\_\_ Home Club \_\_\_\_\_

Skater's Date of Birth \_\_\_\_\_ Skater's E-Mail: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_ Cell No. \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Professional Coach #1 \_\_\_\_\_ Cell No. \_\_\_\_\_ E-mail: \_\_\_\_\_

Professional Coach #2 \_\_\_\_\_ Cell No. \_\_\_\_\_ E-mail: \_\_\_\_\_

Last tests passed – Moves \_\_\_\_\_ Freestyle \_\_\_\_\_ Dance \_\_\_\_\_

PLEASE CIRCLE THE SELECTED HOURS AND ICE FEE

Skater can attend any club ice session with Flex Plan Purchase

10 hours \$ 270.00 \_\_\_\_\_

20 hours \$ 500.00 \_\_\_\_\_

Ice Sessions

Sunday 5:15-7:15 pm

Wednesday 7:30-9:00 pm

Thursday 3:00- 4:45 pm

Please note: All above session times subject to change with advance notice.

\*Non Home Club members must add mandatory seasonal \$60.00 Associate Member Fee \$ \_\_\_\_\_

\*FIRST TIME CLUB MEMBERS -- receive an additional one time 10% discount on Hourly Flex Plan Only with GNFS membership fee and completed membership application Discount credit \$ \_\_\_\_\_

TOTAL AMOUNT PAID: \$ \_\_\_\_\_ Date Paid \_\_\_\_\_

Checks made payable to: GNFS

GNFS PO BOX 234388 Great Neck NY 11023

ZELLE accepted via [greatneckfsc@gmail.com](mailto:greatneckfsc@gmail.com)

Credit Cards accepted with additional 4% processing fee

Please read all the information provided in this application and keep a copy for your records.

Signature of Skater or if under 18, Signature of Parent/Guardian \_\_\_\_\_

Parent Email \_\_\_\_\_ Date \_\_\_\_\_