



FLEX PLAN ICE PURCHASE CONTRACT

Summer 2024 @ Iceland

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 _____

Ice Sessions

Thursdays 6:30 - 8:00 pm

July 11, 18, 25 August 1, 15, 22

6 Session Plan

\$ 216.00

Checks made payable to: GNFSC

Great Neck Figure Skating Club PO BOX 234388 Great Neck NY 11023

ZELLE accepted via greatneckfsc@gmail.com

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** _____