

Timberline figure skating club
Spring Program Ice 2008
Contracts due March 15

PKG	DAY	TIME	DATE				PACKAGE PRICE
A	<u>Monday</u> <u>GHF</u>	6:00-7:20	3/24 4/7 4/14 4/21 4/28 5/12 5/19 6/2				\$168.00
	Low	Tuesday 5/27					
B	<u>Monday</u> <u>GHF</u>	7:30-8:50	3/24 4/7 4/14 4/21 4/28 5/5 (6-7:50) 5/12 5/19 6/2				\$192.00
	High	Tuesday 5/27					
C	<u>Tuesday</u> <u>GHF</u>	6:00-7:50	4/1 4/8 4/15				\$72.00
	Open						
D	<u>Thursday</u> <u>GHF</u>	6:00-8:50	4/17 5/29				
		7:00-8:50	4/3 4/10 4/24 5/1 5/8 5/15 5/22				\$258.00
		6:00-7:20	6/5				
E	<u>Friday</u> <u>GHF</u>	6:00-7:50PM	3/21 3/28 4/4 4/11 4/18 5/9 5/16 5/23 5/30 6/6				\$240.00
F	<u>Sunday</u> <u>GHF</u>	4:00-5:50	4/27 5/4				\$48.00

Please register at your skaters appropriate skill level. Lower level skaters on High level ice has become a safety concern for all skaters on the session.



- All skaters must check in with the Rink Monitor prior to skating.
- **Walk on/single hour ala Carte Fees** are \$15.00 per hour, purchased in minimum one hour increments
- Contract skaters may pay a \$3.00 switch fee to change ice time within the current contract period
- Ice is non refundable
- If a skater is injured and off the ice for more than one week, upon approval of the Board, with an accompanying doctor's excuse, a voucher will be issued for the un-used ice..
- Skaters must be in "Good Standing" with TFSC. All prior Ice Fees, Synchronized Bills and Membership must be paid in full.
- USFS members who are not club members or TFSC associates members may skate two times as a visitor, prior to skating the 3rd time skater must become a Full or Associate Member of TFSC.

Please Register on Reverse Side

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Skaters Name:		
Last:	First:	USFS #:
Address:		
City:	State:	Zip:
Phone #:	Cell#:	
Date of Birth:		
Highest Test Passed:		
Freestyle	Moves:	Dance:

PACKAGE LETTER	_____
TOTAL PACKAGE PRICE	\$ _____
TOTAL PRE-PAID WALK ON @ \$15.00 PER HOUR	\$ _____
ADMINISTRATIVE FEE	\$15.00
EARLY BIRD REGISTRATION DISCOUNT Prior to March 15, 2008	(\$10.00)
Credit for Cash or Check	(\$5.00)
TOTAL DUE	\$ _____

NEW! If paying by Credit Card:  

Name as it appears on card: _____

Type of card (circle one): Mastercard / Visa Card #: _____

Expiration date: _____ Signature: _____

Mail Registration and Payment to:

Timberline FSC- Spring Program
P.O. Box 2082
Wausau, Wi 54402-2082