



# 2017-18 Club Ice Registration Spring Session April 1 – June 22, 2018

Adult Skater or Parent/Guardian Information				
Name:		Phone:		(cell)
Address:		Phone:		(hm/wk)
City:	State:	Zip:	Email:	
Skater Information				
Skater Name (Last, First, Middle I.)		Circle One		
#1:	M or F	Date of Birth:	Age:	USFS #:
#2:	M or F	Date of Birth:	Age:	USFS #:
#3:	M or F	Date of Birth:	Age:	USFS #:
#4:	M or F	Date of Birth:	Age:	USFS #:

Regular Weekly Club Ice Schedule: Tuesday – 4-5pm Thursday – 4-5pm Sunday – 2:15-3:45pm  Total – 3.5 hours per week  NOTE: Additional Club Ice may be added during Spring Session.	<u>Club Ice</u> <b>Punch Options</b> 1 punch = 1 hour of skating 5 punch = \$65 \$13/hour 10 punch = \$120 \$12/hour 20 punch = \$215 \$10.75/hour 30 punch = \$292.50 \$9.75/hour Unlimited = \$325 \$7-8/hour <b>Punches Expires 6/22/18</b>  Approximately <u>42 hours</u> of Club Ice is available in Spring Session	<b>10% discount for additional family members</b>  Where a family purchases 2 Club Ice packages of different value the 10% off will be given for the package of lesser value.	<b>TOTAL</b>
<b>Skater Name</b>			
#1			
#2			
#3			
#4			
<b>Grand Total Due (add amounts down) Punches are good for <u>Spring Session</u> ONLY</b>			

(√) \_\_\_\_\_ My total is \$250 or more and I want to use the MFSC payment plan (see separate form).

Mail form to: **MFSC • PO Box 9195 • Missoula MT 59807**

<b>For Office Use Only:</b>			
Date: _____	Amt. Paid: _____	Cash or Ck # _____	Staff Initials _____
Date: _____	Amt. Paid: _____	Cash or Ck # _____	Staff Initials _____
Date: _____	Amt. Paid: _____	Cash or Ck # _____	Staff Initials _____
Payment Plan Form completed* _____ *Option for Club Members only for totals of \$250 or more			
NOTE: Credit Card payments available upon request. Call Dorrie at (406) 370-8401			