

## Block 9 Contract 2015

May 27<sup>th</sup> – Jun 25<sup>th</sup>

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

Phone # \_\_\_\_\_

Coach \_\_\_\_\_

### Step #1 - Check off the sessions you wish to skate:

Day of Week	Time	# of Sessions	No Ice Dates
<input type="checkbox"/> Monday	4:00 -5:00pm	4	
<input type="checkbox"/> Monday	5:00- 6:00 pm	4	
<input type="checkbox"/> Wednesday	4:00-5:00 pm	5	
<input type="checkbox"/> Wednesday	5:00-6:00 pm	5	
<input type="checkbox"/> Thursday	4:00-5:00 pm	5	
<input type="checkbox"/> Thursday	5:00-6:00 pm	5	

Total # of Sessions Purchased this Block:

### Step #2 - Calculate Contract Amount

\_\_\_\_\_ x \$17/Session if **LESS** than 16 = \$ \_\_\_\_\_ Total Amount Due This Contract

\_\_\_\_\_ x \$15/Session if 16 or **MORE** = \$ \_\_\_\_\_ Total Amount Due This Contract

### Step #3 - Sign form and enclose payment made payable to LCFSA

#### Notes:

1. Payment and contract are due in full by first skating session.
2. Coupons cannot be used towards contract bill.
3. No credits can be given for vacation or absences unless due to a long-term injury, a doctor's note must be presented.
4. Any time switches must be pre-approved.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Club Use Only

Date: \_\_\_\_\_ Paid by cash/check# \_\_\_\_\_ Amount \$ \_\_\_\_\_ Balance Due: \$ \_\_\_\_\_