

Block 7 Contract 2015

March 2nd - March 26th

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 | 4 | |
| <input type="checkbox"/> Wednesday | 5:00-6:00 pm | 4 | |
| <input type="checkbox"/> Thursday | 4:00-5:00 pm | 4 | |
| <input type="checkbox"/> Thursday | 4:00-5:00 pm | 4 | |

Total # of Sessions Purchased this Block:

Step #2 - Calculate Contract Amount

_____ x \$17/Session if **LESS** than 13 = \$ _____ Total Amount Due This Contract

_____ x \$15/Session if 13 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: \$ _____