

BRIDGEPORT SKATING CLUB 2016 2017

**SKATER'S
NAME**

ADDRESS

PHONE

DATE OF BIRTH

**EMERGENCY
NAME & PHONE**

PARENT'S NAMES

EMAIL ADDRESS

Jacket Size (please circle) CHILD ADULT XS S M L XL

TOTAL COST & NON-REFUNDABLE DEPOSIT AMOUNT \$75

Check# _____

PLEASE MAKE CHECK PAYABLE AND MAIL TO:
BRIDGEPORT SKATING CLUB
123 GLENWOOD AVENUE
BRIDGEPORT, CT 06610
(203) 209-5434

I understand that I am purchasing a membership in the United States Figure Skating Association through the Bridgeport Skating Club. The membership term runs from July 1, 2016 through June 30, 2017. I understand that my membership does not include any ice time or instruction.

Signed _____ Date _____