

**Binghamton Figure Skating Club, Inc.
2016/2017 "Learn-to-Skate" Registration Form**

Mail/Contact Information

Parent's Name: _____ Home Phone: _____
 Address: _____ Cell Phone: _____
 City/State/Zip: _____ Work Phone: _____
 E-Mail: _____ Fax: _____

Has student had lessons before? No ___ . Yes ___ : Current level 1___ 2___ 3___ 4___ 5___ 6___ 7___ 8___

Skater Registrations

Names of Skaters (all from same household)	Date of Birth (mm/dd/yy) or Adult	Gender (M/F)	Fee Per Session Per Person Pre-Reg./ Walk-In	Broome Community College					
				Saturday (S) Sessions				Tuesday (T) Sessions	
				S-1 9/24 to 10/29	S-2 11/5 to 12/17	S-3 1/7 to 2/11	S-4 2/18 to 3/25	T-1 1/3 to 2/7	T-2 2/14 to 3/21
1.			\$85/\$90						
2.			\$85/\$90						
3.			\$85/\$90						
4.			\$85/\$90						
Names of Parent Skaters									
1.			\$30						
2.			\$30						
Method of payment:			Column Totals:						
Check # _____			Grand TOTAL:						
Cash \$ _____									
Money Order # _____									

**Mail Registration/Payment to: Binghamton Figure Skating Club, Inc.
P.O. Box 126, Endicott, New York 13761-0126**

This Section For Business Purposes. Do not write below this line. Amounts Received:

	S-1	S-2	S-3	S-4	T-1	T-2
Check #						
Cash \$						
Money Order #						