



5075 Fox Sparrow Drive  
Klamath Falls, OR 97601  
(541) 850-5758 phone/voice mail  
(541) 850-5757 fax

## Stephane Grosscup Seminar Registration – Freestyle Level and Above Sunday, February 5, 2012

Current Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Student's Age \_\_\_\_ and Birth date (month/date/year) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Mailing or Residence Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Telephone Nos.: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Day Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Day Phone \_\_\_\_\_

Prior Skating Lessons? Yes \_\_\_\_ No \_\_\_\_ If yes, please describe \_\_\_\_\_

Does student have any kind of physical disability or medical condition of which we should be aware? Yes \_\_\_\_ No \_\_\_\_ If yes, please describe \_\_\_\_\_

Name of Person Completing Form \_\_\_\_\_

### Seminar Description and Time:

All skaters must be ready to take the ice at least 15 minutes prior to the scheduled clinic time.

Edges and Lines/Creative Spins/Performance Polish      1:35 p.m. to 2:50 p.m.      (\$65 per person)

### Fee Payment

\*Registration Fee Amount (does NOT include USFS registration)      \$ \_\_\_\_\_

Total Payment      \$ \_\_\_\_\_

#### Payment Method

Check

MC/VISA Number \_ \_ \_ \_ / \_ \_ \_ \_ / \_ \_ \_ \_      Expiration Date \_ \_ / \_ \_ \_ \_      CVV Code \_ \_ \_

\*Refunds will only be issued in the event the Bill Collier Community Ice Arena has to cancel the seminars.\*

#### Office Use Only

WAIVER RELEASE signed

Photo Release Signed

Database Updated

Outlook Updated

Copy of Registration to Instructor