

Glenwood Figure Skating Club
Application for Membership - 2009-2010 Skating Season
 USFS Membership - July 1, 2009 - June 30, 2010

Senior Member..... \$100	Introductory Member\$85	Professional.....\$70
Junior Member..... \$100	Secondary Member..... \$55	Synchro Team Member.... \$85
Special Senior/Skating Director.....\$50		Ladybug Member..... \$55

(See next page for an explanation of classes of membership)

Name _____ **Phone** _____
Address _____ **E-Mail** _____
Additional E-mail addresses: _____

City/State/Zip _____

Date of Birth (month, day, year) _____

Mother's Name _____ **Father's Name** _____

Are you currently a member of the USFS or a USFS Club? If Yes, club name _____

Will Glenwood be your Home Club? _____ **Secondary Club?** _____

Coach's Name _____ **Coach's Phone** _____

Coach's Name _____ **Coach's Phone** _____

Information required by USFS

Primary Activity: (Please circle one) Competitive Skater Recreational Skater US Figure Skating Officer
 Officer/Board Member Skating Director
Circle Others That Apply: Adult Skater Synchro Member Collegiate Skater
 Coach Parent/Guardian Club Officer/Volunteer

AGREEMENT

As a parent of a Junior, Introductory, contracting Secondary Member, or a Senior member of the GFSC, I understand that I shall be required to give 8 hours of time for the Ladybug Competition which will be held in April, 2010. I further understand that if I do not work the required eight (8) hours, a \$75 per family Ladybug fee shall be assessed. In the event that I work some hours at the Ladybug competition but not all eight (8) hours, a pro rated portion for the hours I have worked will be deducted from the \$75 fee.

I agree to accept the constitution and bylaws set forth by the GFSC and to comply with the rules, regulations, policies and skating manner issued by its governing bodies. I further agree to allow GFSC to post pictures and information about its' members on the Glenwood WEB site.

Signature of applicant _____ Parent/Guardian if under 18 _____
 (All Contracting and Non-Contracting applicants must sign. Unsigned applications will not be accepted.)

Make check payable to **GFSC** and return to: **May Wiza 3134 Monterey Flossmoor, IL 60422 (708) 957-4063**

Please indicate the Ladybug Committee you wish to work on:

- | | |
|---|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Announcing |
| <input type="checkbox"/> Ice Monitoring | <input type="checkbox"/> Decorations |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Awards & Trophies |
| <input type="checkbox"/> Hospitality & or Food Donation | <input type="checkbox"/> Registration |
| <input type="checkbox"/> Practice Ice | |
- I will pay the \$75 Ladybug Fee

Membership Fee \$ _____

Ladybug Fee, if applicable \$ _____

Check # _____