

## 2009 SCGY Summer Application

Name: \_\_\_\_\_ Age \_\_\_\_\_ B-Day \_\_\_\_\_ Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Club \_\_\_\_\_ USFS # \_\_\_\_\_

ISI# \_\_\_\_\_ Test Level \_\_\_\_\_ Email \_\_\_\_\_

Please read carefully\* Check days attending\* Application Due May 16\*  
 Times in bold include instruction\*

MONDAY	6/8	6/15	6/22	6/29	7/6	7/13	7/20	7/27	8/3	8/10	#Days	Cost	After 6/7	Total
<b>10:00-10:30 Low MIF</b>												\$8.00	\$10.00	
<b>10:30-11:00 High MIF</b>												\$8.00	\$10.00	
11:00-11:45 Mixed Freestyle												\$8.00	\$10.00	
11:45-12:30 Mixed Freestyle												\$8.00	\$10.00	
12:30-1:00 Lunch Break														
<b>1:00-1:15 Low/High Clinic</b>												\$4.00	\$6.00	
1:15-2:00 Mixed Freestyle												\$8.00	\$10.00	
<b>1:00-2:00 Kidskate</b>												\$15.00	\$17.00	
2:00-2:45 Mixed Freestyle												\$8.00	\$10.00	
2:45-3:30 Mixed Freestyle												\$8.00	\$10.00	
3:30-4:30 Hockey												\$12.00	\$14.00	
TUESDAY	6/9	6/16	6/23	6/30	7/7	7/14	7/21	7/28	8/4	8/11	#Days	Cost	After 6/7	Total
<b>10:00-10:30 Low MIF</b>												\$8.00	\$10.00	
<b>10:30-11:00 High MIF</b>												\$8.00	\$10.00	
11:00-11:45 Mixed Freestyle												\$8.00	\$10.00	
11:45-12:30 Mixed Freestyle												\$8.00	\$10.00	
12:30-1:00 Lunch Break														
<b>1:00-1:15 Low/High Clinic</b>												\$4.00	\$6.00	
1:15-2:00 Mixed Freestyle												\$8.00	\$10.00	
<b>1:00-2:00 Kidskate</b>												\$15.00	\$17.00	
2:00-2:45 Mixed Freestyle												\$8.00	\$10.00	
2:45-3:30 Mixed Freestyle												\$8.00	\$10.00	
3:30-4:30 Hockey												\$12.00	\$14.00	
THURSDAY	6/11	6/18	6/25	6/30	7/9	7/16	7/23	7/30	8/6	8/13	#Days	Cost	After 6/7	Total
<b>10:00-10:30 Low MIF</b>												\$8.00	\$10.00	
<b>10:30-11:00 High MIF</b>												\$8.00	\$10.00	
11:00-11:45 Mixed Freestyle												\$8.00	\$10.00	
11:45-12:30 Mixed Freestyle												\$8.00	\$10.00	
12:30-1:00 Lunch Break														
<b>1:00-1:15 Low/High Clinic</b>												\$8.00	\$10.00	
1:15-2:00 Mixed Freestyle												\$8.00	\$10.00	
<b>1:00-2:00 Kidskate</b>												\$15.00	\$17.00	
2:00-2:45 Mixed Freestyle												\$8.00	\$10.00	
2:45-3:30 Mixed Freestyle												\$8.00	\$10.00	
3:30-4:30 Hockey												\$12.00	\$14.00	

★ I have read and understood the Terms, Conditions, and Fees of the Ice Sessions/Classes Contracted from SCGY. Ice schedules and lessons will be granted on a first come first serve basis.

**Total \$** \_\_\_\_\_

Parent's Signature \_\_\_\_\_

# 2009 SCGY Summer Skating Program Payment Schedule

Total from application form \$ \_\_\_\_\_

Full Time Skater Discount:  
5% discount to full time skater contracting every day offered, every week offered and at least 8 sessions per day. - \$ \_\_\_\_\_

**FINAL TOTAL** \$ \_\_\_\_\_

50% Deposit Due **May 16, 2009** \$ \_\_\_\_\_

Remaining Balance Due by **June 8, 2009** \$ \_\_\_\_\_

## Terms & Conditions:

- Deposits not received by May 16, 2009 will not qualify for the \$8 per session discount or the full time skater discount
- All balances not paid by June 8, 2009 will revert to the walk on fee of \$10 per session with no exceptions
- Sessions & lesson schedules will be granted on a first come first serve basis
- Any questions please call the club phone 330-502-7528 or email [mkoman@zoominternet.net](mailto:mkoman@zoominternet.net)

Please make checks payable to:  
**Skating Club of Greater Youngstown**  
c/o Maria Koman  
47 Fieldstone Dr  
Poland Oh 44514

Please keep a copy of this schedule for your records

I would like to schedule the following lessons and understand they will be granted on a first come first serve basis. (Please note: coach, number of lessons per week and length of lesson you would like to schedule)

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