

Skating Club of Lake Placid Registration Form Fall/Winter 09-10

Skater Name: _____

Address: _____

Home Phone: _____

Parent Name: _____

Parent Address (only if different from above) _____

Parent Home Phone: _____

Cell Phone: _____

E-Mail Address: _____

Emergency Contact: _____

Contact #: _____

Skater Level _____

Skater Birth Date: _____ Age: _____

USFS #: _____

Program Purchase: _____

Amount Due: _____

Amount Paid: _____

Balance Due: _____

If you are mailing your registration form please mail to SCLP, PO Box 528, Lake Placid, NY 12946

For more information on SCLP programs please check the website at

www.skatingcluboflakeplacid.org OR contact Mary Catherine Spinelli, Program Director,
518.572.2721 spinellimc@hotmail.com

