

**Skating Club of Lake Placid Registration Form Fall/Winter 2011-2012**

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: \_\_\_\_\_ (circle) Sun/Tues OR Mon/Weds

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](http://www.skatingcluboflakeplacid.org) OR contact Mary Catherine Spinelli, Program Director, 518.572.2721 spinellimc@hotmail.com

