

BROOKLYN FIGURE SKATING CLUB OF OHIO

**7600 MEMPHIS AVENUE
BROOKLYN, OHIO 44144**

2010-2011 MEMBERSHIP APPLICATION

(One skater per form)

Skater's Name	Age	Birth Date	USFS#	Skater's Home Club
Address	City	State	Zip Code	Phone Number
Father's Name (if skater under 18)	Mother's Name (if skater under 18)	Email Address		
Coach's Name	Emergency Contact Person/Address & Phone #			

Highest Test Passed & Dates	Figures	Freestyle	Moves-in-Field	Dance
	Date	Date	Date	Date

VOLUNTEER INFORMATION:

The BFSC is run completely by volunteers. We need help from every member and their family in order to have a successful Club. BFSC will be hosting the 2010 Autumn Skills competition, Nov. 20-21, 2010. This is a large event and we need all member families to help. Please indicate which areas of interest you would like to assist. All members are encouraged to help at least in one area. You will be contacted by the respective chairperson of the respective committee. Thank you in advance for your help!

<input type="checkbox"/> JUDGES HOSPITALITY	<input type="checkbox"/> PROGRAM DESIGN/LAYOUT	<input type="checkbox"/> DONATIONS
<input type="checkbox"/> COMPETITION REGISTRATION	<input type="checkbox"/> PRO ROOM HOSPITALITY	<input type="checkbox"/> SET UP/TEAR DOWN
<input type="checkbox"/> AWARDS	<input type="checkbox"/> MONITORS	
<input type="checkbox"/> GIFT BAGS	NAME/PHONE # to CONTACT _____	

MEMBERSHIP FEES

HOME CLUB MEMBERSHIP FEES:	1st Family member:	\$95.00
(This fee includes your 2010-2011	Second additional skating member:	\$60.00
USFS membership,	Each additional skating family member:	\$50.00
memorial pins and season club costs.)	Associate Member:	\$50.00
	Parent Membership (Non-Skater):	\$45.00
	Collegiate Member: (4 years)	\$95.00
	Renewing Collegiate Member:	\$50.00
	Junior Member (must attach copy	
	of basic skills card):	\$50.00
	Transfer fee from another club:	\$25.00

TOTAL ENCLOSED: _____

Mail application, check or money order, medical form and release to:

Brooklyn FSC of Ohio
C/O Josephine Miranda, Pres.
4766 Elizabeth Lane
Brooklyn, OH 44144
(Checks payable to BFSC)

I agree to pay all fees and dues designated herein. I understand that the Brooklyn Figure Skating Club and its representatives are not liable for any loss or injury sustained during Club sponsored activities.

Signature (If under 18, parent or guardian)	Date
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FOR CLUB USE ONLY

	Date Rec.	Check #	Amt. Due	Amt
Paid				
Club Membership	_____	_____	_____	_____
USFSA Dues	_____	_____	_____	_____
CC2000 Dues	_____	_____	_____	_____