



GLISSAD SKATING CLUB WINTER SHOW



Saturday, December 10, 2016 - 3:00 (time subject to change)

Skater Name _____ Skater Age _____

Email (print neatly) _____

Phone # _____ * Email is our primary means of communication.

USFSA Level _____ Coach's Name _____

Name of Song - _____

**** Name of song MUST BE filled in, unless it is a Learn-to-Skate group number. ****

*** REGISTRATION FEE ***



Glissad Skating Club members (solo) - \$20 per program
Associate, Learn-to-Skate, non-members (solo) - \$30 per program
Group numbers (2 or more skaters) - \$15 per skater per program
Learn-to-Skate group numbers - \$15 per skater per program

Glissad Skating Club members (solo) - # of programs _____ x \$20 = \$ _____

Associate, Learn-to-Skate, non-members (solo) - # of programs _____ x \$30 = \$ _____

Group numbers (2 or more skaters) - # of programs _____ x \$15 = \$ _____

Learn-to-Skate group numbers - # of programs _____ x \$15 = \$ _____

Boosters are available in the Winter Show Program Book. (Black and white only.)

*** \$20 for a half page ad * \$10 for a quarter page ad * \$5 for a 2-line shout-out ***

Please enclose your ad with your form or email them to jschaffener@icloud.com.

Please make checks payable to: **Glissad Skating Club.** Total Enclosed - \$ _____



*** Show order is final and cannot and will not be changed.**

A schedule will be released a few days prior to the show. *

Tickets for the show are \$10 for adults and \$5 for children. Tickets will ONLY be sold at the door the day of the show.

Please return your registration form and payment to your coach or any Learn-to-Skate instructor by **Saturday, November 26, 2016.** Late submissions are subject to a late fee of \$20, name(s) may not be in the program and they will **skate at the end of the show.**

We thank you in advance for your support and cooperation.



Questions? Please contact - Donna Console - 609-220-8188 or any of the Glissad Skating Club Board Members

Accident/Liability/Photo Release: I, or my son/daughter or child over whom I have legal custody, wish to participate in classes/activities organized by Glissad Skating Club. I agree to release Glissad Skating Club, and/or their members, employees, agents, representatives, sponsors, affiliates and/or subsidiaries, from all claims, actions, causes of action or damages suffered by me or my son/daughter or child over whom I have custody for any loss or injury resulting from participation in the aforesaid classes/activities. I understand that by participating in a Glissad Skating Club program, I or my child could be injured, die and/or suffer property damage. Regardless of bodily injury, death or property damage sustained by me or my child from participating in a Glissad Skating Club program, I agree not to sue, or allow others to sue on my behalf. I understand that photographs and/or video of me or my child may be taken during the show rehearsals and performances, and that these images may be used for promotional purposes.

Parent Signature _____ Skater Signature _____ Date _____