The OSU FSC
FALL QUARTER 2009

In order to be a member of the OSUFSC, each skater must have current USFS membership. In order to contract ice with the OSUFSC, each skater must have current USFS membership *AND* current OSUFSC membership. OSU FSC members are not required to contract club ice. Please place an 'X' next to the following that apply:

1.) USFS MEMBERSHIP

_____ I am submitting/renewing USFS membership through the OSUFSC for the 2009-2010 skating season of $40.00. My USFS membership # is (if renewing): _____.

OR

_____ I have renewed my USFS membership through my home club for the 2009-2010 season. My USFS membership # is: _____. My home club is: _____.

2.) OSU FSC MEMBERSHIP (MANDANTORY)

_____ I am submitting this form to be an OSU FSC member for the 2009-2010 academic year at a cost of $15.00.

3.) 2009 FALL CONTRACT

_____ I, as a member in good standing of The Ohio State University Figure Skating Club, would like to contract for the following session at a cost of $95.00:

OR

_____ I, as a member in good standing of The Ohio State University Figure Skating Club, would like to contract for half the following session (5 sessions) at a cost of $47.50:

TUESDAY	**7:15-8:30 PM**	**(10 sessions)**
TUESDAY	**7:15-8:30 PM**	**(5 sessions)**

By contracting ice time, I am committing to pay the OSU Figure Skating Club the FULL amount of the ice time contracted. I understand that there are absolutely no refunds. Payment plans can be arranged and will be assessed on an individual basis.

_____

Print Name

_____ _____

Signature ***Date***

Please cut at the dotted line. Top half should be given to the OSUFSC Secretary and bottom half as well as payment is to be given to the OSUFSC Treasurer.

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_____

Print Name

Calculations Table *Please enter the figures for all that apply. Write 'n/a' for all figures that do not apply.*	
USFS Membership ($40.00)	
OSU FSC Membership ($15.00)	
2009 Fall Ice Contract ($95.00)	
2009 Fall Half Ice Contract ($47.50)	
Total Amount Due:	
Total Amount Enclosed:	

For club use only:

Check #: Name on check: Amount: Date: USFSA paid: