

LTS Class Competition Club Recreation Club Jr. Club Date _____

Skater's Name: _____ DOB: _____
(Please print all information)

Street: _____

City: _____ State: _____ ZIP Code: _____

Phone (1) _____ Cell Phone (1) _____

Cell Phone (2) _____ Skater's Shirt Size _____

Email: _____

Parent, Guardian or Emergency Contact Information

Name: _____

Street: _____

City: _____ State: _____ ZIP Code: _____

Phone (1) _____ Cell Phone (1) _____

Cell Phone (2) _____

Email: _____

Fee: \$ _____

Received by _____ Date _____