

Part II - LSA Training Registration Form
 2010 - SUMMER
 June 7, 2010 – August 13, 2010

Skater's Name: _____

Number of Weeks: **10**

Monday

Session	Time	# of Sessions	"X" to select	Price	Purchased	
ON-ICE Sessions		Monday				
North Rink						
High/Intermediate Free Skate	7:30-8:20 am	10		\$100.00		
High Free Skate	8:20-9:10 am	10		\$100.00		
High Edges Class	9:10-9:30 am	10		\$85.00		
<i>Ice Resurface</i>	9:30-9:40 am					
High/Intermediate Free Skate	9:40-10:30 am	10		\$100.00		
Intermediate/Low Dance	10:30-10:50 am	10		\$40.00		
Intermediate Edges Class	10:50-11:10 am	10		\$85.00		
<i>Ice Resurface</i>	11:10-11:20 am					
Intermediate/Low Free Skate	11:20 am-12:10 pm	10		\$100.00		
Intermediate/Low Free Skate	12:10-1:00 pm	10		\$100.00		
Low Power and Edges Class	1:00-1:30 pm	10		\$85.00		
High/Intermediate/Low Free Skate	5:30-6:30 pm*	10		\$100.00		
Learn to Skate	6:30-7:30 pm			Separate Registration Form		
OFF-ICE Sessions						
Strength and Conditioning Program (High/Interm.)	11:00 am-1:00 pm	10		See "Off Ice" in Other Section		
Monday Total					\$ -	

* One hour session

Tuesday

Session	Time	# of Sessions	"X" to select	Price	Purchased	
ON-ICE Sessions		Tuesday				
North Rink						
High Free Skate	7:30-8:20 am	10		\$100.00		
High Dance	8:20-8:40 am	10		\$40.00		
High Free Skate	8:40-9:30 am	10		\$100.00		
<i>Ice Resurface</i>	9:30-9:40 am					
High Power	9:40-10:00 am	10		\$85.00		
Intermediate Free Skate	10:00-10:50 am	10		\$100.00		
Intermediate Power	10:50-11:10 am	10		\$85.00		
<i>Ice Resurface</i>	11:10-11:20 am					
Intermediate/Low Free Skate	11:20 am-12:10 pm	10		\$100.00		
Intermediate/Low Free Skate	12:10-1:00 pm	10		\$100.00		
High/Intermediate/Low Free Skate	5:30-6:20 pm	10		\$100.00		
High/Intermediate/Low Free Skate	6:20-7:10 pm	10		\$100.00		
Adult Drills Class	7:10-8:00 pm	10		\$100.00		
OFF-ICE Sessions						
High Stretch & Flexibility	11:15 am-12:15 pm	10		\$100.00		
Intermediate Stretch & Flexibility	12:15-1:15 pm	10		\$100.00		
Low Stretch & Flexibility	1:15-2:00 pm	10		\$85.00		
Ballet for Skaters (Low/Intermediate)	6:20-7:20 pm	10		\$100.00		
Ballet for Skaters (Intermediate/High)	7:20-8:20 pm	10		\$100.00		
Tuesday Total					\$ -	

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Wednesday

Session	Time	# of Sessions	"X" to select	Price	Purchased
ON-ICE Sessions		Wednesday			
North Rink					
High Free Skate	7:30-8:20 am	10		\$100.00	
High Power	8:20-8:40 am	10		\$85.00	
<i>Ice Resurface</i>	8:40-8:50 am				
High Free Skate	8:50-9:40 am	10		\$100.00	
High/Intermediate Free Skat	9:40-10:30 am	10		\$100.00	
Youth Synchro Team Practic	10:30-11:10 am				
<i>Ice Resurface</i>	11:10-11:20 am				
Intermediate/Low Free Skat	11:20 am-12:10 pm	10		\$100.00	
Intermediate/Low Free Skat	12:10-1:00 pm	10		\$100.00	
OFF-ICE Sessions					
Strength and Conditioning Program (High/Interm.)	11:00 am-1:00 pm	10	See "Off Ice" in Other Section		
Low Jump Class	10:40-11:00 am	10		\$40.00	
Intermediate Jump Clas	12:45-1:15 pm	10		\$40.00	
Wednesday Total					\$ -

Thursday

Session	Time	# of Sessions	"X" to select	Price	Purchased
ON-ICE Sessions		Thursday			
North Rink					
Intermediate/Low Free Skat	7:30-8:20 am	10		\$100.00	
Intermediate/Low On Ice Group Clas	8:20-8:50 am	10		\$85.00	
Intermediate/Low Free Skat	8:50-9:40 am	10		\$100.00	
<i>Ice Resurface</i>	9:40-9:50 am				
Intermediate Powe	9:50-10:10 am	10		\$85.00	
High Edges Class	10:10-10:30 am	10		\$85.00	
High Free Skate	10:30-11:20 am	10		\$100.00	
<i>Ice Resurface</i>	11:20-11:30 am				
High/Intermediate/Low Free Skat	11:30 am-12:20 pm	10		\$100.00	
Regional Competitor Sessio	12:20-1:20 pm	10		\$100.00	
High Free Skate	1:20-2:10 pm	10		\$100.00	
OFF-ICE Sessions					
Low Jump Class	9:50-10:10 am	10		\$40.00	
Strength and Conditioning Program (High/Interm.)	1:00-3:00 pm	10	See "Off Ice" in Other Sector		
Thursday Total					\$ -

Friday

Session	Time	# of Sessions	"X" to select	Price	Purchased	
ON-ICE Sessions						
Friday						
North Rink						
High/Intermediate Free Skate	7:30-8:20 am	10		\$100.00		
High Free Skate	8:20-9:10 am	10		\$100.00		
High Dance	9:10-9:30 am	10		\$40.00		
<i>Ice Resurface</i>	9:30-9:40 am					
High/Intermediate Free Skate	9:40-10:30 am	10		\$100.00		
Intermediate/Low Dance	10:30-10:50 am	10		\$40.00		
Intermediate Power	10:50-11:10 am	10		\$85.00		
<i>Ice Resurface</i>	11:10-11:20 am					
Intermediate/Low Free Skate	11:20 am-12:10 pm	10		\$100.00		
Low Power and Edges Class	12:10-12:40 pm	10		\$85.00		
Open Free Skate	12:40-1:30 pm	10		\$90.00		
OFF-ICE Sessions						
High Stretch and Flexibility	11:15am-12:15pm	10		\$100.00		
Intermediate Stretch and Flexibility	12:15-1:15 pm	10		\$100.00		
Friday Total					\$	-

Off-Ice

Session	Time	# of Sessions	"X" to select	Price	Purchased
Strength and Conditioning Program (High/Intermediate)				\$200.00	
Off-Ice Total					

Other Items

	Maximum No. of Cards		# of cards purchased	Price per card	Total Purchased
Flex Cards	2			\$50.00	\$ -
Other Items Total					\$ -

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Summary of Registration Training Form			Total Amount Purchased
Monday Tota			\$ -
Tuesday Tota			\$ -
Wednesday Tota			\$ -
Thursday Tota			\$ -
Friday Tota			\$ -
Off-Ice Tota			\$ -
Flex Card(s)	Maximum:	\$100	\$ -
TOTAL DUE BEFORE VOLUME DISCOUNT			\$ -
Less: Package Discount of 25% if TOTAL is greater than			\$1,750 (-)
Less: Package Discount of 10% for skaters Prelim. Free Skate Type "Y" for Preliminary or Below			(-)
and below if total purchasing is in the range of \$1,349 to \$1,75			\$1349-1750 (FALSE)
GRAND TOTAL DUE FOR REGISTRATION			\$ -

1st payment due when submitting Training Registration Form	\$	0.00
2nd installment payment due: June 11, 2010	\$	0.00

Total for 1st Installment Payment due with Registration Form	Amount
1st INSTALLMENT PAYMENT DUE	\$ -
Add: \$25 Late Registration Fee if postmarked May 22-26, 2010	
Less: Kroger Card Credits (attach Email Confirmations)	()
Less: Ice Monitoring Credits (attach Time Cards)	()
Less: Cancelled Ice Credits (attach Credit Memos)	()
NET 1st INSTALLMENT PAYMENT DUE	\$ -

Due Date: Postmarked 5/14-5/21/2010

If paying by credit card, please provide the following:

Name on card: _____

Address: _____

Circle Type of Card: _____ VISA _____ MASTERCARD

Amount to Charge: _____

Credit Card Number: _____

Expiration Date: _____ / _____ CVV #: _____

Signature: _____

NEW MAILING ADDRESS

Mail to: Angie Porter
 7214 Trail Ridge Court
 Louisville, KY 40241

KEEP THIS PAGE & SEND THE STUBS WITH YOUR SUBSEQUENT PAYMENTS.

