



Jersey Coast Figure Skating Club

Membership Application

July 1, 2015 - June 30, 2016

(Please fill in completely)

_____	_____	_____
Last Name	First Name	Phone number
_____	_____	_____
Address	City	State/Zip
_____	_____	_____
Birthdate	Sex	USFSA #
_____	_____	_____
_____	_____	_____
Parent/Guardian Name	Cell #	e-mail address

Membership Type (Check one)
<input type="checkbox"/> Full/First family membership - \$100
<input type="checkbox"/> Subsequent family member - \$45
<input type="checkbox"/> Associate member - \$60 (JCSFC not "home club")
<input type="checkbox"/> Junior membership - \$50 (first time USFSA club member, <i>applicable one time only</i>)
<input type="checkbox"/> Club Coach - \$60

By completing and signing this application parent and skater agree to comply with the rules of US Figure Skating and Jersey Coast FSC. I further agree to have my/child's photo, likeness or image portrayed in promotional, educational, and other media produced by JCFSC.

_____	_____
Parent/Guardian/Skater over 18 signature	Date

Return application with payment to:

Maggie Tacopino
JCFSC Membership
2803 Ice House Court
Freehold, NJ 07728

Make checks payable to Jersey Coast Figure Skating Club