

2008 LAKE PLACID SYNCHRONIZED SKATING CAMP

PLEASE FILL OUT COMPLETELY. • 1 WALLET SIZE PHOTO MUST ACCOMPANY THIS APPLICATION OR BE E-MAILED TO SKATING@ORDA.ORG.

SKATER'S NAME _____ DATE OF BIRTH _____
SKATERS MUST BE 11 OR OLDER

PARENT/GUARDIAN'S NAME _____

E-MAIL _____ MALE FEMALE
**E-MAIL WILL BE PRIMARY MEANS OF COMMUNICATION

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONES: HOME _____ WORK _____ CELL _____

HIGHEST LEVEL PASSED: MOVES OR SKILLS (SKATE CANADA) _____

CURRENT TEAM _____ # OF YEARS SKATING SYNCHRO _____

ROOMMATE REQUEST** _____
(**NOT GUARANTEED)

HOME CLUB PERMISSION – MUST BE COMPLETE

DO YOU BELONG TO (PLEASE CIRCLE): US FIGURE SKATING, SKATE CANADA, ISI, ISU OR OTHER _____ MEMBERSHIP NUMBER _____
THIS SKATER IS A MEMBER IN GOOD STANDING AND HAS PERMISSION TO PARTICIPATE IN THE FOLLOWING US FIGURE SKATING SANCTIONED EVENTS TO BE HELD AT THE OLYMPIC CENTER IN LAKE PLACID, NEW YORK: TESTS, SHOWS, EXHIBITIONS & COMPETITIONS

SIGNATURE OF CLUB OFFICIAL _____

CLUB CONTACT NAME _____ POSITION _____

HOME SKATING CLUB _____ PHONE _____

~ PART 1 CHOOSE YOUR PROGRAM ~

- WEEK 1 (JULY 6-12) – HIGH PERFORMANCE/INDIVIDUALIZED TRAINING CAMP - \$850
- WEEK 2 (JULY 13-19) – SYNCHRONIZED SKATING CAMP - ALL LEVELS - \$700

~ PART 2 PRICE INFORMATION ~

PACKAGE PRICE: _____

MINUS 10% TEAM DISCOUNT: _____
**TEAM APPLICATIONS MUST BE SUBMITTED TOGETHER

TOTAL: _____

NON-REFUNDABLE PROCESSING FEE (\$50 PER SKATER; \$75 FAMILY RATE*): _____
*APPLICATIONS MUST BE SUBMITTED TOGETHER

GRAND TOTAL: _____

~ PART 4 ADDITIONAL INFORMATION ~

PLEASE FILL OUT THE WAIVER ON THE BACK OF THIS FORM.

PLEASE CHECK FITTED T-SHIRT SIZE:

- SMALL MEDIUM LARGE XL

PLEASE MAIL ALL COMPLETED FORMS & PICTURE TO:

OLYMPIC CENTER BOX OFFICE
LAKE PLACID FIGURE SKATING
2634 MAIN STREET
LAKE PLACID, NY 12946