

DALLAS FIGURE SKATING CLUB
Basic Skills Membership Application
2011-2012
WWW.DALLASFSC.ORG

NOTE: This membership is good for skaters competing and testing only in Basic 1 through 8 and Free Skate 1 through 6.

Beginning skaters who wish to test in the US Figure Skating basic Skills Program may do so through the Dallas Figure Skating Club. Test Date requests will be submitted by coaches and are offered free of charge to DFSC Basic Skills members. The coaches of Dallas Figure Skating Club are aware of the maneuvers tested in each of the Basic Skills levels and can prepare the skaters for testing through private lessons. The \$22.00 membership fee provides for the following benefits:

- USFS Basic Skill Program Membership
- USFS Basic Skills Test Booklet
- USFS Basic Skills "Skate with US" Badge
- DFSC Basic Skills Membership
- Free Testing During Basic Skills Test Sessions
- Complimentary USFS Basic Skills Test Badges for Tests Passed with DFSC
- Designated Club Parties & Events

The USFS Basic Skills membership "year" begins July 1 and ends June 30. You may join DFSC and USFS at any time and renew with USFS/DFSC during the June membership drive. For more information, contact Steve Pottenger at 940-725-0467 after 6pm, email: stevepottenger@aol.com, or go to the DFSC web site at www.dallasfsc.org.

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Please complete the following information, attach a check made payable to DFSC in the amount of \$22.00. Mail these items to: Steve Pottenger, 8240 Carter St., Lantana, TX 76226.

Name of Skater: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Birth Date: _____ Age: _____ Gender: _____

Do you currently have a USFS Basic Skills number? If so, please write it here: _____

Are you currently taking private lessons? YES NO (circle one)

Coach's Name: _____ Phone number: _____

At which rink do you skate?: _____

Name of parent or guardian: _____

Telephone #s: (Home) (Publish? Y N) _____ (Cell) (Publish? Y N) _____

E-Mail Address: (Publish? Y N) _____

I would also like to include a Tax Deductible Donation to the "Debbie Blount Memorial Fund" in the amount of \$ _____ and/or the "Carolyn Haman Helping Hands Fund" in the amount of \$ _____.

For Club Use Only:
Date Received: _____ Amount Paid: _____ Balance Due: _____

Name on Check: _____ Check #: _____