

SYRACUSE FIGURE SKATING CLUB at the Three Rivers Athletic Complex

2022 Skating Club Summer Ice Package Form

Home Club and Associate Club Members Only

Name(s):

Date:

Package #:

Package #	Package Dates
Package 1 (10 Weeks)	July 1st - September 10th
Package 2 (11 Weeks)	November 13 - January 28
Package 3 (11 Weeks)	January 29 - April 15
Package 4 (11 Weeks)	April 16 - June 30

PACKAGE RATES # Hours	Rate per hour	
10-24 hours	\$19/hour	
25-39 hours	\$18/hour	
40 hours or more	\$17/hour	

*****PLEASE NOTE; PRICES SUBJECT TO
CHANGE IN THE SPRING*****

Tentative Ice Schedule

Sunday Afternoon Ice Coliseum Nov-March	Monday Ice Coliseum Nov-March	Wednesday Ice Coliseum Nov-March	TRAC Tentative April Tues/Thurs/Sun
12:30-3:30 pm	7-9 pm	7-9 pm	5-8 / 5-8 / 1-4

* All sessions are for mixed freestyle. All ice sessions are combined as indicated on the schedule. Moves-in-the-Field and Dance may be skated on any freestyle session. Club ice will be limited to 25 skaters on a first come first serve basis.

Ice Package Criteria

- Minimum of 60% down at start of package, the remaining 40% will be invoiced at 4 weeks, due by week 5 for the remainder of the package.
- Must select the anticipated number of hours at the start of the package.
- Any sessions skated over the initial number of sessions indicated will be billed at the same per- hour rate as initial sessions selected .
- Invoices for overages will occur at the middle and the end of the package
- Unused sessions at the end of the package period are not transferable or eligible for refunds.
- Previous package must be paid to be eligible to purchase a new package.
- Package holders will be able to skate sessions of 60 min, with 30 min increments beyond that..
- **Family packages may be purchased for skaters for families with 2 or more skaters. There will be a minimum of 10 sessions per skater required for all family packages.**

PAYMENT RECORD: *Package Additions:*

# Hours	Price per session	60% Deposit	Date Paid	Recd By	Invoice 40%	Invoice Overage	Balance

Make Checks Payable to: Syracuse FSC

Name(s):

Date:

Package #:

Parent's cell # & email address:

PACKAGE TRACKING FORM

(Please Do Not Write on Copy Submitting with Package)

	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE
NAME:										
60 Min Sessions										

	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE
NAME:										
60 Min Sessions										

Unpaid Balance at the end of Current Block \$