

**SYRACUSE FIGURE SKATING CLUB at the Three Rivers Athletic Complex**

**2026-2027 Skating Club Ice Package Form**

**Home Club and Associate Club Members Only**

Name(s):

Date:

Package #:

Package #	Package Dates
Package 1 (13 Weeks)	July 1st - September 26th
Package 2 (13 Weeks)	September 27th - December 26th
Package 3 (13 Weeks)	December 27 - March 27th
Package 4 (13 Weeks)	March 28 - June 30th

PACKAGE RATES # Hours	Rate per hour	
10-24 hours	\$22/hour	
25-39 hours	\$21/hour	
40 hours or more	\$20/hour	

**\*\*\*PLEASE NOTE; PRICES AND ICE  
TIMES SUBJECT TO CHANGE\*\*\***

**Tentative Summer Ice Schedule**

Tuesday Ice	Wednesday Ice	Thursday Ice
645-845	5-7 pm	5-7 pm

\* 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 15 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 \$**