

The Skating Club of Wilmington
1301 Carruthers Lane
Wilmington, DE 19803 302-656-5005

APPLICATION FOR REPRESENTATIONAL MEMBERSHIP FOR POWER PLAY SKATERS

Name (Dr.)(Mrs.)(Mr.)(Ms.) _____

Legal First Name (and spouse)	Middle Initial	Last Name
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Home _____

Address: Street	City	State	Zip
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Member: Home Phone: _____ Work: _____ Mobile: _____

Email: _____

*By providing your email address, you agree that SCW may provide you, by electronic mail, notices required by law and by SCW's governing documents.

Other family members who are applying for representational membership and birth dates:

Name:	Birth date:
(1) _____	(1) _____
(2) _____	(2) _____
(3) _____	(3) _____

Highest US Figure Skating Tests passed: _____

Highest ISI tests passed: _____

FEES: The Representational Membership \$90.00 and includes USFS membership for the first skating member of the family. The representational membership allows you to represent The Skating Club of Wilmington at US Figure Skating events, competitions, and test sessions. It includes the dues for US Figure Skating for the first skater in the family. You may also purchase ticket books at the member price.

US Figure Skating dues for the first skating family member are included in Representational membership fee. Additional skaters in the same family are \$20.00 each. If you are already an Individual Member of USFS for the current skating year we can transfer your membership to SCW and your Representation Membership fee is \$40.

TOTAL DUES – AMOUNT FROM NEXT PAGE _____
(Please make checks payable to SCW)

___ I (we) hereby apply for membership in SCW and have included the \$90.00 representational membership annual dues plus (if applicable) an additional \$20 for additional skating members.

___ I (we) agree to comply with the rules and by-laws of the Club (See SCW Handbook and Supplement)

___ I (we) understand that ice skating is a dangerous sport and hereby waive any claims for damages sustained in the course of ice skating at the Skating Club of Wilmington.)

___ I (We) understand that photos and videos may be taken of skaters and others at SCW during regular and special skating activities. These images may be used for publicity for SCW, which may include SCW's web site, and print and internet publications and media. In some instances, skaters are identified. I will notify SCW if I have any objection to having myself or a family member photographed, videotaped or identified.

Adult Signature: _____ Amount Enclosed: _____ Date: _____

FEE WORKSHEET
SCW REPRESENTATIONAL MEMBERSHIP FOR POWER PLAY

Name _____

For New U.S. Figure Skating Members

SCW Base Dues \$40.00 _____

U.S. Figure Skating Dues - first family member 50.00 _____

Name of Skater _____

U. S. Figure Skating Dues – additional family members 20.00 each

Name of Skater _____

Name of Skater _____

Name of Skater _____

TOTAL _____

For current year U.S. Figure Skating Individual Members

TOTAL SCW Base Dues \$40.00 _____

If you are already an Individual Member of U.S. Figure Skating please enclose a copy of each skater's membership card. Payment of USFS dues not required again until next year.

Name of Skater _____

Membership Number _____

Name of Skater _____

Membership Number _____

Name of Skater _____

Membership Number _____

Name of Skater _____

Membership Number _____

Please make checks out to SCW. Thank you!