

Skating Club of Phoenix

Therapeutic Skating Membership Application

Name _____ Age _____

Address _____

City _____ State _____ Zip _____

Phone _____

E-mail _____

Parent/Guardian (if applicant is under 21)

Name _____

Coach's Name _____ Phone number _____

Special Olympic Member yes _____ no _____

Therapeutic Membership fee \$25.00

Checks payable to Skating Club of Phoenix

Mail this form, USFS waiver form and \$25.00 fee to:

**Terri King
6991 W. Morning Dove Dr.
Glendale, AZ 85308**