

**SYNCHRONIZED SKATING TEAM REGISTRATION FORM
2009-2010 SEASON**

**** NEW TEAMS ONLY ****

Team Name: _____

Team Division: _____

Name of Member Club (if applicable): _____

Region: _____ Section: _____

Contact Person: _____ Membership #: _____

Address: _____

City: _____ State: _____ Zip: _____

Business: (_____) Home Phone: (_____)

Team Web Site: _____ Email: _____

Team Professional: _____ Membership #: _____

Address: _____

City: _____ State: _____ Zip: _____

Business: (_____) Home Phone: (_____)

Fax: (_____) Email: _____

Club Officer Signature (if applicable): _____ Position: _____

- ◆ Make check or money order for \$10.00 payable to U.S. Figure Skating
- ◆ or include credit card information below.
- ◆ **Renewal forms will be sent to the previous team contact in September.**
- ◆ Please use a separate form for each new team.

Name of Cardholder: _____ Card Type: _____

Card Number: _____ Exp Date: _____ Code: _____

Daytime phone of Cardholder: _____ Amount: **\$10.00**

Return to: U.S. Figure Skating, 20 First Street, Colorado Springs, CO 80906, F: 877-514-3471