



# Wissahickon Skating Club

550 W. Willow Grove Avenue Philadelphia, PA 19118  
215-247-1759 Membership ext 22 Fax #: 215-247-9466

## 2010 – 2011 MEMBERSHIP APPLICATION

*NOTE: Parents are the candidates – children are noted on Page 2 even if it is for a Junior Intro, Synchro, Junior Figure, Midget or Mite Cross Ice Membership.*

**Type of Membership :** (Circle one from below)

**Guest Memberships:** Junior Intro Mite X-Ice Midget Individual Competitive Sr. "A" Goalie Girls Intro

**Full Memberships:** Family Individual Junior Figure Synchro Associate Non Skating (Porch)

Date of Application \_\_\_\_\_

**CANDIDATE:** \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: ( ) \_\_\_\_\_ Cell #: ( ) \_\_\_\_\_

Home Email: \_\_\_\_\_ Work Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: ( ) \_\_\_\_\_ Business Fax: ( ) \_\_\_\_\_

Education: \_\_\_\_\_

Present Club Memberships: \_\_\_\_\_

Previous Club Memberships: \_\_\_\_\_

Interests & Hobbies: \_\_\_\_\_

**Your** Skating Interest at WSC: ( ) Sr. Hockey (Contingent on available open slots) ( ) Sr. Figure ( ) Family Sessions ( ) None

**SPOUSE:** \_\_\_\_\_ Birth Date: \_\_\_\_\_

Home Phone #: ( ) \_\_\_\_\_ Cell #: ( ) \_\_\_\_\_

Home Email: \_\_\_\_\_ Work Email \_\_\_\_\_

Occupation: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: ( ) \_\_\_\_\_ Business Fax: ( ) \_\_\_\_\_

Education: \_\_\_\_\_

Present Club Memberships: \_\_\_\_\_

Previous Club Memberships: \_\_\_\_\_

Interests & Hobbies: \_\_\_\_\_

**Your** Skating Interest at WSC: ( ) Sr. Hockey (Contingent on available open slots) ( ) Sr. Figure ( ) Family Sessions ( ) None

**SIGNATURE OF APPLICANT**

**SIGNATURE OF SPONSOR**

Note: Please complete page 2 for skating interests for all dependant children

**To ensure that you are included in all applicable mailings, emails and Club communications, it is imperative that you complete the table below indicating all skating categories that apply to each dependant child in your family.**

SKATING CATEGORIES:

- A    Preschool Sessions:   Below 1<sup>st</sup> grade
- B    Basic Skating Sessions: Kindergarten & above (Basic Skills Classes & Practice)
- C    Junior Figure Skating (Moves-in-the Field, Freestyle, Dance)
- D    Synchronized Skating
- E    Junior Hockey (Must first check with Club Office regarding space in Junior Hockey Program)
- F    Child Not Skating

Child's Name	Birth Date	School/College	<b><u>Skating Category</u></b> Choose A – F from above box Enter <b><u>all</u></b> that apply

**Listed below are some telephone numbers you can call if you need assistance or have questions:**

Membership Chair:	Pam Nason	267-370-5268 cell or 215-247-1759 VM #22
Club Manager	Roy Kelly	215-247-1759 VM #10
Director of Hockey:	Gump Whiteside	215-247-1759 VM #17
Office Manager:	Lydia Bukowski	215-247-1759 VM #13
Director of Group Lessons:	Kathy Romano	215-247-1759 VM #11
Junior Hockey Chair:	Ken Brzozowski	215-778-6159
Junior Figure Chair:	Laura Stanton	215-247-1759 VM #27
Synchronized Skating:	Ashleigh Renard	267-483-8165

Comments: (For office Use Only)

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