# Hayden Elite Synchro Program
# Senior Test Level Skaters

**August 6th thru 8th, 2009** **Skater Registration**

Skater Name: _____

Address:_____

City:_____ State:___ Zip Code:_____ Home Phone Number:_____

Skater Cell Phone: _____ Parent Cell Phone:_____

Skater Email: _____ Parent Email:_____

Skater Date of Birth:_____ Skater USFS #:_____

Parent/GuardianName(s)(if under 18)_____

Home Club:_____ _____

*Highest USFS Test Passed:* *Synchronized Skating Experience:*

| | |
|---|---|
| Moves in the field - | Years of Experience - |
| Freestyle - | 08-09 Team - |
| Dance - | Team Level - |

## Fees

*Registration:* 500.00/skater Includes all on and off ice training sessions.
Includes all meals and snacks from Thursday to Saturday
Quad Room/Two nights lodging at the Colonial Hotel

Roommate Preference 1._____2._____3._____
(if you do not indicate roommates, roommates will be provided by the Camp Staff)
Please do not pick more than 3 roomates

## T-Shirts

All participants will receive a complimentary T-Shirt. Choose one size: **AXS AS AM AL AXL**

## Payment Amount/Method

Program Total $_____

____Check (made out to Hayden Synchronized Skating Teams, or HSST)

____MasterCard ____Visa Account #_____ Expiration Date: _____

Card Holder Signature: _____

Return completed registration form with payment to: Hayden Synchro Summer,
C/O Carol Renzi 974 Pleasant Street, Framingham, MA 01701

**Registration Deadline is May 15th, 2009**