



Hayden Synchro Summer Program

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/Guardian Name(s) _____
 Home Club: _____

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

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

I am registering: ___ as an individual OR ___ with other team members (please mail together)

Note: Coaches bringing 10 or more students are welcome to attend the camp. Applications available upon request.

Fees

Registration: 400.00/skater. Includes all on and off ice training sessions.
 150.00/skater. Includes all meals and snacks from Sunday to Thursday lunch
 200.00/skater Double Room/ Four nights lodging at the Colonial Inn
 150.00/skater Quad Room/Four nights lodging at the Colonial
 ___ I will be staying with my child at the hotel in same room (Additional \$200.00 cost)
 ___ I will not be staying in the hotel with my child (HSST to provide chaperone)
 ___ Double Roommate Preference _____
 ___ Quad Roommate Preference 1. _____ 2. _____ 3. _____
 (If you do not indicate roommates, roommates will be provided by the Camp Staff)
 Please do not select more than 3 roommates

T-Shirts

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

Payment Amount/Method

Program Total \$ _____ = Registration \$ _____ + Hotel \$ _____ + Meals _____
 ___ 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