

**The Skating Club of Wilmington**  
**1301 Carruthers Lane**  
**Wilmington, DE 19803 302-656-5005**

**APPLICATION FOR REPRESENTATIONAL MEMBERSHIP FOR POWER PLAY SKATERS**

Name (Dr.)(Mrs.)(Mr.)(Ms) \_\_\_\_\_

\_\_\_\_\_

Legal First Name (and spouse)	Middle Initial	Last Name
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Home \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Member: Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

\*By providing your email address, you agree that SCW may provide you, by electronic mail, notices required by law and by SCW's governing documents.

Other family members who are applying for representational membership and birth dates:

Name:	Birth date:
(1) _____	(1) _____

(2) _____	(2) _____
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(3) _____	(3) _____
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Highest US Figure Skating Tests passed: \_\_\_\_\_

Highest ISI tests passed: \_\_\_\_\_

FEES: The Representational Membership \$80.00 and includes USFS membership for the first skating member of the family. The representational membership allows you to represent The Skating Club of Wilmington at US Figure Skating events, competitions, and test sessions. It includes the dues for US Figure Skating for the first skater in the family. You may also purchase ticket books at the member price.

US Figure Skating dues for the first skating family member are included in Representational membership fee. Additional skaters in the same family are \$15.00 each. If you are already an Individual Member of USFS for the current skating year we can transfer your membership to SCW and your Representation Membership fee is \$40.

TOTAL DUES – AMOUNT FROM NEXT PAGE \_\_\_\_\_

(Please make checks payable to SCW)

\_\_\_I (we) hereby apply for membership in SCW and have included the \$80.00 representational membership annual dues plus (if applicable) an additional \$15 for additional skating members in family.

\_\_\_I (we) agree to comply with the rules and by-laws of the Club (See SCW Handbook and Supplement)

\_\_\_I (we) understand that ice skating is a dangerous sport and hereby waive any claims for damages sustained in the course of ice skating at the Skating Club of Wilmington.)

\_\_\_I (We) understand that photos and videos may be taken of skaters and others at SCW during regular and special skating activities. These images may be used for publicity for SCW, which may include SCW's web site, and print and internet publications and media. In some instances, skaters are identified. I will notify SCW if I have any objection to having myself or a family member photographed, videotaped or identified.

Adult Signature: \_\_\_\_\_ Amount Enclosed: \_\_\_\_\_ Date: \_\_\_\_\_

**FEE WORKSHEET**  
**SCW REPRESENTATIONAL MEMBERSHIP FOR POWER PLAY**

Name \_\_\_\_\_

**For New U.S. Figure Skating Members**

SCW Base Dues \$40.00 \_\_\_\_\_

U.S. Figure Skating Dues - first family member 40.00 \_\_\_\_\_

Name of Skater \_\_\_\_\_

U. S. Figure Skating Dues – additional family members 15.00 each

Name of Skater \_\_\_\_\_

Name of Skater \_\_\_\_\_

Name of Skater \_\_\_\_\_

TOTAL \_\_\_\_\_

**For current year U.S. Figure Skating Individual Members**

TOTAL SCW Base Dues \$40.00 \_\_\_\_\_

If you are already an Individual Member of U.S. Figure Skating, please enclose a copy of each skater's membership card.

Name of Skater \_\_\_\_\_

Membership Number \_\_\_\_\_

Name of Skater \_\_\_\_\_

Membership Number \_\_\_\_\_

Name of Skater \_\_\_\_\_

Membership Number \_\_\_\_\_

Name of Skater \_\_\_\_\_

Membership Number \_\_\_\_\_

Please make checks out to SCW. Thank you!