

Tampa Bay Skating Club Membership Application



Current USFS status: New to USFS TBSC Renewal
 Transfer (from another club or individual membership)

TBSC Membership Categories and Rates:

Tested skater	\$170	skater has taken any USFS test
Second tested skater	\$150	second or additional skaters in home (child or adult skater)
Non-tested skater	\$70	skater has not yet taken any USFS test
Introductory Member	\$35	First-time member to USFS, non-tested (good for one year only; does not include free parent membership)
Adult	\$170	includes tested and non-tested adult skaters
Collegiate	\$170	must be currently enrolled in college; one time fee for 4-year membership
Social	\$70	non-skating members (includes USFS judges and officials, board members without skating member, and former/retired tested skaters who no longer skate or test)
Coach	\$40	professional on-ice instructor
First Parent	Free	one parent membership is free for each skating member (except introductory)
Second Parent	\$15	membership for second parent in home with only one skating member and first parent membership rate for introductory member
Judge/Official	Free	USFS judges and officials

First Family Member	<input type="checkbox"/> Tested	<input type="checkbox"/> Not Tested	<input type="checkbox"/> Adult	<input type="checkbox"/> Collegiate
	<input type="checkbox"/> Introductory	<input type="checkbox"/> Social	<input type="checkbox"/> Coach	<input type="checkbox"/> Judge/Official
Name:				USFS#
Address:				
City	State	Zip		
Phone: Home ()	Cell ()			
Email:				
Date of birth:				
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	USA Citizen		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If not US citizen, which country:				
Primary rink:	<input type="checkbox"/> Oldsmar	<input type="checkbox"/> Brandon	<input type="checkbox"/> Countryside	<input type="checkbox"/> Other
Coach's name:				
If collegiate membership, name of college:				

**A Member Club of
 US Figure Skating**
www.tbsc.net
 255 Forest Lakes Blvd.
 Oldsmar, FL 34677
 Phone: 813-854-4019
tampabayskatingclub@gmail.com

The Tampa Bay Skating Club was established in 1987 and moved into the Tampa Bay Skating Academy when it opened in 1992. Since then, we have expanded to include members at TBSC at the Countryside Mall and the Ice Sports Forum in Brandon. Our membership is made up of skaters, parents, coaches, judges, and other officials. We host many USFSA test sessions each year, in addition to our annual summer competition, the Orange Blossom Open. This competition attracts more than 200 skaters from all over the southeast every year. TBSC conducts a club ice/freestyle session each week at TBSC Oldsmar, open only to club members. We also periodically host special camps, clinics, shows, and social activities for our members. TBSC has hosted the South Atlantic Regional Championships three times, in addition to the 1998 Eastern Sectional Championship, and the 1999 Precision National Championship. TBSC also has hosted two USFSA regional training camps. We are extremely proud of all of our skating members and we have been well represented at Regionals, Sectionals, and the United States Junior and Senior National Championships.

Second Family Member	<input type="checkbox"/> Tested	<input type="checkbox"/> Not Tested	<input type="checkbox"/> Adult	<input type="checkbox"/> Collegiate
	<input type="checkbox"/> Introductory	<input type="checkbox"/> Social	<input type="checkbox"/> Coach	<input type="checkbox"/> Parent
Name:				USFS#
Address:				
City	State	Zip		
Phone: Home ()	Cell ()			
Email:				
Date of birth:				
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	USA Citizen		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If not US citizen, which country:				
Primary rink:	<input type="checkbox"/> Oldsmar	<input type="checkbox"/> Brandon	<input type="checkbox"/> Countryside	<input type="checkbox"/> Other
Coach's name:				
If collegiate membership, name of college:				

Please complete reverse side also. Please use additional forms if necessary for additional family members.

Third Family Member	<input type="checkbox"/> Tested	<input type="checkbox"/> Not Tested	<input type="checkbox"/> Adult	<input type="checkbox"/> Collegiate
	<input type="checkbox"/> Introductory	<input type="checkbox"/> Social	<input type="checkbox"/> Coach	<input type="checkbox"/> Parent
Name:			USFS#	
Address:				
City		State		Zip
Phone: Home ()			Cell ()	
Email:				
Date of birth:				
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		USA Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No		
If not US citizen, which country:				
Primary rink: <input type="checkbox"/> Oldsmar <input type="checkbox"/> Brandon <input type="checkbox"/> Countryside <input type="checkbox"/> Other				
Coach's name:				
If collegiate membership, name of college:				

- Benefits of Membership**
- U.S. Figure Skating membership
 - Subscription to "SKATING" Magazine for the first family member
 - Testing privileges on TBSC test sessions at member rates
 - Voting privileges (ages 18 and over)
 - Permission forms for use in testing and competing
 - Ability to purchase club ice time
 - Opportunity to purchase TBSC club jacket and other TBSC logo merchandise
 - Represent TBSC at USFS competitions and events
 - Opportunity to participate in club events, such as clinics, seminars, shows, socials, Theatre on Ice, and USFS Synchronized skating teams
 - Collegiate membership rates available

Sponsorship Opportunity:

If you would like to sponsor another skating family who may be experiencing a financial need, you may donate any amount to help pay their membership dues. In addition, you may make a donation above your membership fee to help with the club's financial needs. The club has many expenses during the year, which are not fully covered by income received from membership dues (i.e., test sessions, club ice, shows, office overhead, etc.).

I would also like to make the following tax-free donation(s) to TBSC:
 Help support the financial budget: \$ _____
 Sponsor a member: \$ _____
 Optional: Name of member to sponsor _____

Fees enclosed:

___ Tested skater	\$170
___ Second skater	\$150
___ Non-tested skater	\$70
___ Introductory	\$35
___ Adult	\$170
___ Collegiate	\$170
___ Social	\$70
___ Coach	\$40
___ First Parent	Free
___ Second Parent	\$15
___ Extra Donation	\$___

Total enclosed \$ _____

Volunteer Service:

I have skills, talents, or interests that I would be willing to use to help in the following areas to assist TBSC:

- | | | | | |
|---|---|-----------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Competitions | <input type="checkbox"/> Finance | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Ice Shows |
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Legal Issues | <input type="checkbox"/> Mailings | <input type="checkbox"/> Membership | <input type="checkbox"/> Phone Calls |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Posters | <input type="checkbox"/> Sewing | <input type="checkbox"/> Socials | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Test Sessions | <input type="checkbox"/> Transportation | <input type="checkbox"/> Website | <input type="checkbox"/> Other _____ | |

Name: _____
 Email: _____
 Phone: _____

Orange Blossom Open Competition (August):

We need all adults to assist with our annual home competition in August. Please check areas you would be willing to assist with:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Awards | <input type="checkbox"/> Competition Chair/Co-chair | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Food Donations |
| <input type="checkbox"/> Ice Monitor | <input type="checkbox"/> Marketing | <input type="checkbox"/> Music | <input type="checkbox"/> Program |
| <input type="checkbox"/> Registration | <input type="checkbox"/> Practice Ice | <input type="checkbox"/> Runners | <input type="checkbox"/> Set up or Clean up |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Vendor Chair | <input type="checkbox"/> Work Club Table | |

Name: _____
 Email: _____
 Phone: _____

Please make all checks and money orders payable to "Tampa Bay Skating Club" and return completed forms with payment to: Tampa Bay Skating Club, 255 Forest Lakes Blvd., Oldsmar, FL 34677.