



Affiliate Membership 2023-2024

SILVER LININGS
SKATING CLUB

SKATER NAME: _____

PARENT NAME: _____

EMAIL: _____

PHONE: _____

ADDRESS: _____

BIRTHDAY: _____ ISI#: _____

AMOUNT DUE: \$175

PAID BY: _____

(CASH OR CHECK ONLY)

(Please turn completed form and Payment at first skate session)

PARENT SIGNATURE & DATE SUBMITTED: