



WSA SPRING SHOW ENTRY FORM

April 28, 2019

SKATERS NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL _____

EMAIL _____

BIRTHDATE _____ AGE _____

SIGNATURE OF PROFESSIONAL _____



ENTRY FEE IS \$40.00 PER SOLOIST, LATE FEE \$20

Cash _____ Check # _____

Credit Card _____ Exp _____ CVC _____

THE ENTRY FORM MUST BE POSTMARKED NO LATER THAN April 23, 2019

WESTCHESTER SKATING ACADEMY
91 FAIRVIEW PARK DRIVE
ELMSFORD, NY 10523

WAIVER

I UNDERSTAND THAT MY SON/DAUGHTER, WILL SKATE IN THE SHOW AT THEIR /MY OWN RISK AND HEREBY RELEASE THE WESTCHESTER SKATING ACADEMY, ITS DIRECTORS AND PROFESSIONAL STAFF AND ALL THE PERSONNEL FROM ALL LIABILITY.

SIGNATURE _____ DATE _____