

2025-2026 - NEW PRAGUE AREA FIGURE SKATING CLUB - ICE CONTRACT

SKATER NAME : _____

ICE OPTIONS

- Season runs September 13th through March 14th
 - (Saturdays and Wednesdays will exclude the following dates (Nov. 1 (Burnsville Competition), Dec. 24th, Dec 27th, & Dec 31st, Jan. 17 (Mankato Competition))
 - No Wednesday Ice due to the rink being unavailable due to hockey tournaments. No ice Wednesday, Feb. 18, and Feb. 25.
- For skaters who wish to “walk-on” for a non-contracted session, they will need to pay \$22 (exact change) to rink monitor.
- Coaching fees are separate and invoiced by individual coaches.
- Please select one or more of the options below:

SELECT	NPAFSC ICE SESSION	SESSION TIME	# OF SESSIONS	FEE PER SESSION	SELECTED FEES
	Wednesday - Session	6:20 - 7:20 pm	22 Sessions	\$18	\$396
	Saturday - Session 1	6:30 - 7:30 am	24 Sessions	\$18	\$432
	Saturday - Session 2	7:40 - 8:40 am	24 Sessions	\$18	\$432

WINTER EXHIBITION

On December 13th, NPAFSC will host our Annual Winter Exhibition. Details pertaining to the Winter Exhibition will be emailed to all club members later this fall. The Winter Exhibition Fee is intended to be directly applied towards Ice Costs associated with the event.

SELECT	OPTIONS	SELECTED FEES
	Yes, my skater plans to participate in the Winter Exhibition (\$60 per Skater)	\$60
	My skater will not be participating in the Winter Exhibition	

VOLUNTEER RESPONSIBILITIES

NPAFSC relies on the volunteer efforts of our members. There will be many opportunities to volunteer throughout the season, from club events, activities, parties, and community service.

- Each member is required to serve as Rink Monitor a minimum of 8 ice sessions. Sessions will be made available via Sign-up Genius prior to the season.
- Members may choose to opt-out of volunteering by paying the \$500 buy-out.
- Please select one of the options below:

SELECT	OPTIONS	SELECTED FEES
	We agree to meet our volunteer responsibilities as outlined above. (No Fees)	
	We elect to opt out of our volunteer responsibilities and agree to pay the opt-out fee.	\$500

FUNDRAISING RESPONSIBILITIES

In an effort to offset the cost of ice and other club activities, members are required to participate in fundraising activities throughout the season.

- Each member needs to raise \$350 through various Fundraising Activities, or you may select the “Buy-Out” option below.
- If the minimum fundraising requirement is not met, members will need to submit additional funds to meet the requirement.
- Any funds raised above \$350 commitment, 50% will go into the individual skater’s account to be used towards club events, clothing, or additional ice.

SELECT	OPTIONS	SELECTED FEES
	We agree to meet our fundraising obligations as outlined above. (No Fees)	
	We elect to buy-out of our fundraising requirements and agree to pay the opt-out fee.	\$350

ASSOCIATE MEMBERSHIP *(For Associate Members ONLY)*

- Must be an active member of another skating club.
- No Fundraising Requirements
- No Volunteer Requirements

Home Club Name:	
Coach Name:	

SELECT	OPTIONS	SELECTED FEES
	Associate Membership (I am a member of another skating club)	\$50

TOTAL FEES DUE:	\$
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CONTRACT & PAYMENT INSTRUCTIONS

Payments should be made to New Prague Area Figure Skating Club (NPAFSC), and are due no later than Sept 13, 2025. Contracts and Payments not received by the due date may result in your skater not being eligible to skate until they are received. Please contact us directly with questions : npafsc@gmail.com

Please select which payment option you will be using:

- _____ - Full Payment up-front (check or ACH*)
- _____ - 3 Installments of 1/3 each : dated 9/13/25, 11/15/25 & 1/17/26 (ACH only*)

**Mail forms and payment to Kaysie, or put in the Club box outside the Club Room:
Kaysie Pakiz 16610 Legacy Lane New Prague, MN 56071**

*If paying via ACH, please complete the ACH Authorization Agreement section below.

DUE TO OUR COMMITMENT TO THE COMMUNITY CENTER, ALL PAYMENTS ARE NON REFUNDABLE.

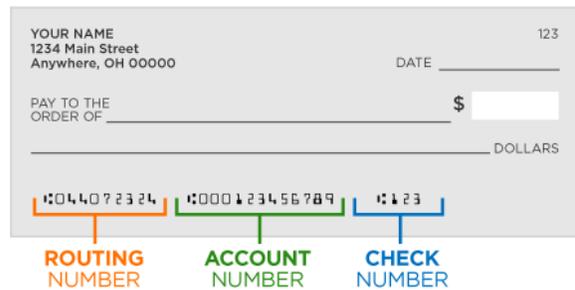
Parent Signature: _____ Email: _____ Date: _____

ACH DEBIT AUTHORIZATION AGREEMENT

Please complete the following Authorization Agreement, if you plan to leverage ACH capabilities in relation to the NPAFSC Ice Contract.

Personal or Business Name	
Personal or Business Address (Street, City, State, Zip)	
Bank Name	
Bank Address (Street, City, State, Zip)	
Bank Routing Number	
Account Number	
Account Type	
Payment Frequency	<input type="checkbox"/> One Time (Full Payment) <input type="checkbox"/> 3 Installments of 1/3 each (9/13/25, 11/15/25, 1/17/26)

*** Please attach a voided check or savings deposit slip with your ACH Agreement



AUTHORIZATION & SIGNATURE

I, _____, authorize **New Prague Area Figure Skating Club** to initiate automatic debit entries to the account at the bank listed above. I authorize the initiation of credit entries, if necessary, to complete adjustments for any entries made in error to the account listed above. I acknowledge that the origination of ACH transactions to my account must comply with provisions of U.S. law.

This Authorization Agreement will remain in effect until I notify you in writing to cancel or change it, and in such time, as to afford the financial institution a reasonable opportunity to act on it. By signing this authorization, I hereby acknowledge receipt of a copy of this signed Authorization Agreement.

Signature of Account Holder: _____

Name (Print): _____

Date: _____