

May 2025

Prospective Members,

We are excited to extend an invitation for you to become a member of the Lake Erie Sports Alliance Figure Skating program. As a growing community dedicated to the development and enjoyment of figure skating, LESA offers a welcoming environment where skaters of all ages and skill levels can thrive.

Membership with LESA provides exclusive access to a variety of valuable benefits, including:

- Dedicated exclusive ice time for practice and development
- Discounted ice rates at LECOM Sports Park
- Opportunities to participate in seasonal shows and exhibitions
- Access to inclusive programming designed for skaters of all ages and abilities

Our mission is to foster a positive, encouraging atmosphere where skaters can build confidence, explore creativity, and achieve personal goals on the ice. Whether your interest lies in recreational skating or competitive advancement, LESA is here to support your journey every step of the way. We would love for you to join our community and be part of the exciting momentum building around the sport of figure skating in our region.

We look forward to welcoming you to the ice!

Sincerely,

Lake Erie Sports Alliance

Board of Directors









Membership Application

Primary Member Nam	ne:			
Date of Birth:				
Email Address:				
Phone	Number:			
Mailing Address:				
City:	State:	Zip:	CK #:	
Please make Checks payable to: Lake Erie Sports Alliance Figure Skating				
Membership Type:				
(Please check one)				
□ First Family Member – \$150				
□ Additional Family Member - \$60				
□ Introductory (Aspire Program) - \$50				
□ Associate Member - \$65				
□ Collegiate Member - \$120 (1st Year) / \$50 (Renewal)				
□ 1st Year □ Renewal				
Additional Family Members (if applicable)				
	DOB:			
Name:	DOB:			
Name:	DOB:			
Skating Interests				
(Please check all that apply)				
□ Learn to Skate				
□ Aspire / Skating Academy				
□ Competitions				
□ Shows & Exhibitions				
□ Power Skating / Hockey Skills				
□ Coaching / Off-Ice Support				
Emergency Contact Information				
Name:				
Relationship:				
Phone	Phone Number:			
Waiver & Signature				
By signing below, I acknowledge that all information provided is accurate to the best of my				
knowledge. I agree to abide by the rules and policies of the Lake Erie Sports Alliance Figure				
Skating and understand that membership fees are non-refundable.				
Signature:				
Date:				