## **Learn to Skate Program**

Please complete the form below and submit to the rink manager along with payment.

Advance Payment is required: Cash, Visa, and MasterCard accepted.

No Make-up classes or Refunds available

| Skater Name:                  |                 |          | Date of Birth:Date of Birth:Date of Birth:Date of Birth:Date of Birth:Date      |        |  |
|-------------------------------|-----------------|----------|---|--------|--|
| Skater Name:                  |                 |          |   |        |  |
| Skater Name:                  |                 |          |   |        |  |
| Address:                      |                 |          |   |        |  |
| City:                         |                 | State:   | Zip:  |        |  |
| Phone:                        |                 | Email:   |   |        |  |
| Emergency Contact Name:       |                 |          | Phone:  |        |  |
| If skater is under 18, please | e also provide: |          |   |        |  |
| Parent/Guardian Name:         |                 |          |   |        |  |
| Circle Lesson Day:            | Tuesday         | Saturday | 1   |        |  |
| Circle Session:               | Winter 1        | Spring 1 | Summer 1  | Fall 1 |  |
|                               | Winter 2        | Spring 2 | Summer 2  | Fall 2 |  |
| Amount of Boymonty Cook       |                 | lit. De  | ata Bassiyadı   |        |  |
| Amount of Payment: Cash       | : Cred          | lit: Da  | te Received:  |        |  |
|                               | vance Payment   |          | the rink manager along with paymosa, and MasterCard accepted.  efunds available | ent.   |  |
| Skater Name:                  |                 |          | Date of Birth:  |        |  |
| Skater Name:                  |                 |          | Date of Birth:  |        |  |
| Skater Name:                  |                 |          | Date of Birth:  |        |  |
| Address:                      |                 |          |   |        |  |
|                               |                 |          | Zip:  |        |  |
| Phone:                        |                 | Email:   |   |        |  |
| mergency Contact Name:        |                 |          | Phone:  |        |  |
| If skater is under 18, please | e also provide: |          |   |        |  |
| Parent/Guardian Name:         |                 |          |   |        |  |
| Circle Lesson Day:            | Tuesday         | Saturday | 1   |        |  |
| Circle Session:               | Winter 1        | Spring 1 | Summer 1  | Fall 1 |  |
|                               | Winter 2        | Spring 2 | Summer 2  | Fall 2 |  |
| Amount of Payment: Cash       | : Crec          | lit: Da  | ate Received:   |        |  |