

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: _____

Skater Name: _____ Date of Birth: _____

Skater Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Emergency Contact Name: _____ Phone: _____

If skater is under 18, please also provide:

Parent/Guardian Name: _____

Circle Lesson Day:	Tuesday	Saturday		
Circle Session:	Winter 1	Spring 1	Summer 1	Fall 1
	Winter 2	Spring 2	Summer 2	Fall 2

Amount of Payment: Cash: _____ Credit: _____ Date Received: _____

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