

GREATER MILWAUKEE FIGURE SKATING CLUB
“SKATE WITH US”
BASIC SKILLS GROUP LESSON PROGRAM

RINK FACILITY: Eble Ice Arena, 19400 W. Bluemound Rd., Brookfield, WI. 53045

CLASS DAY AND TIME: Classes are held on Wednesday evenings 5:45P – 6:30P

REGISTRATION FEE: \$115.00 for seven weeks. If registered for two or more seven week series at a time, PER PERSON, each session will be \$100.00. (Family discount: 3rd participant/\$20.00 off)

TO ENROLL: Please make check payable to **“SKATE WITH US”**

Complete the section below and mail the **ENTIRE** form to:

SKATE WITH US PROGRAM

C/O Dawn Dahlman-Schwab

PO Box 20881

Greenfield, WI. 53220-0881

(414)235-3153

FIRST NAME _____ LAST NAME _____ PHONE (____) ____ - _____

ADDRESS _____ APT # _____

CITY _____ STATE _____ ZIP CODE _____

BIRTHDATE ____/____/____ AGE _____ MALE _____ FEMALE _____ USFS # _____

How did you hear about the GMFSC “Skate With Us” Program? _____

I would like to enroll in the following seven week series....

_____ July 23, 2014 – September 3, 2014

_____ September 10, 2014 – October 22, 2014

_____ October 29, 2014 – December 17, 2014 **(No class November 26th)**

Registration Fee: _____ seven week sessions @ \$ _____ ea. = \$ _____

As parent, guardian or adult skater (18 years or older), I assume and discharge all financial obligations of enrollment and acknowledge all lessons are given as a group **(not private)** and all enrollment fees are non-refundable. Refunds are given only in the event of an injury/illness requiring hospitalization, or cancellation of classes by the Greater Milwaukee F.S.C. due to lack of enrollment. All requests for refunds must be made in writing and proof of injury/illness is required. Remember, all fees are **NON-REFUNDABLE**. There will be a \$35.00 fee for any returned checks

Signature of Parent/Guardian or Adult Skater

(For GMFSC Office use only)

CLASS LEVEL: SNOWPLOW SAM _____ BASIC _____ FREESKATE _____ HOCKEY _____

DATE REC'D: ____/____/____ RE-ENROLLMENT _____ NEW ENROLLMENT _____

REGISTRATION FEE: \$ _____ PAID BY: CASH _____ CHECK _____ CK# _____

