

**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 5:45pm – 6:30pm

**REGISTRATION:** \$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: 3<sup>rd</sup> 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 \_\_\_\_\_

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...

- \_\_\_\_\_ April 13, 2016-May 25, 2016
- \_\_\_\_\_ June 1, 2016-July 6, 2016
- \_\_\_\_\_ July 13, 2016-August 24, 2016

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 FSC 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 # \_\_\_\_\_