

**GREATER MILWAUKEE FIGURE SKATING CLUB
"SKATE WITH US"
BASIC SKILLS GROUP LESSON PROGRAM**

RINK FACILITY: Eble Ice Arena, 19400 W. Bluemound Road, Brookfield, WI., 53045
CLASS DAY AND TIME: Classes are held on Wednesday evenings from 6:15p-7:00p
CLASS REGISTRATION FEE*: \$125.00 for seven weeks...\$220.00 for fourteen weeks
FAMILY DISCOUNT*: Third participant...\$30.00 off

***Skate rentals are available via Eble Ice Arena but are NOT included in the class registration fee.**

TO ENROLL: Complete the section below (checks payable to: **Skate With Us**) and mail the ENTIRE form and registration fee to:

SKATE WITH US PROGRAM
C/O Dawn Dahlman-Schwab
PO BOX 20881
Greenfield, WI. 53220-0881
(414) 235-3153 dawndsllearn2sk8@gmail.com

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____ APT # _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ - _____ - _____ EMAIL: _____

BIRTHDATE: ____/____/____ AGE: _____ MALE:____ FEMALE:____ (Please check one)

How did you hear about the "SKATE WITH US" Program? _____

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

- _____ September 27, 2023 – November 8, 2023
- _____ November 15, 2023 – December 27, 2023
- _____ January 3, 2024 – February 14, 2024
- _____ February 21, 2024 – April 3, 2024

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 _____ POWER _____
DATE REC'D: ____/____/____ **RE-ENROLLMENT:** _____ **NEW ENROLLMENT:** _____
REGISTRATION FEE: \$ _____ **PAID BY:** CASH _____ CHECK _____ CK# _____