

**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 5:45p-6:30p
REGISTRATION FEE: \$115.00 for seven weeks... \$200.00 for fourteen weeks
FAMILY DISCOUNT: Third participant.. \$20.00 off
TO ENROLL: Complete the section below 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

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____ APT # _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: (____) _____ - _____ BIRTHDATE: ____/____/____ AGE: ____ MALE/FEMALE

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

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

- _____ September 7, 2016 - October 19, 2016
- _____ October 26, 2016 – December 14, 2016 (No class November 23rd)
- _____ January 4, 2017 – February 15, 2017
- _____ February 22, 2017 – April 5, 2017

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# _____

