

# CSC Learn to Skate Group Lessons Registrations

Please complete the form below and submit to manager along with payment.

Advance Payment is required: Cash, Visa and MasterCard accepted.

*No Make-up classes or Refunds available.*

Skaters 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: \_\_\_\_\_

Choose Lesson Day:  Tuesday  Saturday

Choose 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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