

DSC 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: _____
