

Dover Skating Center

Skate Lessons Registration

Please complete the form below. Bring submit this form, along with payment, to the rink manager.
 Advance payment is required: Cash, Visa, and Mastercard accepted.
 No Make-up classes or refunds available.

Skater's Name: _____ **Birthdate:** _____

Address: _____

City: _____ **State** _____ **Zip** _____

Phone: _____ **Email** _____

Emergency Contact Name: _____ **Phone:** _____

If skater is under the age of 18, please also provide:

Parent/Guardian Name: _____

Circle Lesson Type:	Learn to Skate	Speed Skate		
Circle Lesson Day:	Monday	Tuesday	Saturday	
Circle Session:	Winter 1	Spring 1	Summer 1	Fall 1
	Winter 2	Spring 2	Summer 2	Fall 2

Amount of Payment: **Cash** _____ **Credit:** _____ **Dated Received:** _____