

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	TEAM Skate	
Circle Lesson Day:	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: _____