

GREATER MILWAUKEE FIGURE SKATING CLUB
“SKATE WITH US”
BASIC SKILLS GROUP LESSON PROGRAM

RINK FACILITY: Wilson Park Recreation Center, 4001 So. 20th Street, Milwaukee, WI., 53221
CLASS DAY AND TIME: Classes are held on Saturday afternoons from 1:45p-2:30p
REGISTRATION FEE: \$125.00 for seven weeks...\$220.00 for fourteen weeks
FAMILY DISCOUNT: Third participant...\$30.00 off
TO ENROLL: Complete the section below (checks payable to: **Skate With Us**) 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...

- _____ January 6, 2024 – February 17, 2024
- _____ February 24, 2024 – April 6, 2024*
- *(eight week stretch...no class March 30th)
- _____ April 13, 2024 – May 25, 2024

**** Schedule subject to change ****

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#_____

