



LEARN TO SKATE REGISTRATION (A separate form per student is Required)

STUDENT NAME: _____ B-DATE: _____

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

PHONE: (____) _____ E-MAIL: _____

Which session & level are you registering for? If your child has never taken lessons, they will be in the Basic 1 (Ages 5+) Class

<u>SESSION</u>	<u>CLASS DAY</u>	<u>LEVEL</u>
<input type="checkbox"/> Fall I	Friday	<input type="checkbox"/> Basic 1-6 (Ages 5+)
<input type="checkbox"/> Fall II		<input type="checkbox"/> Free Skate
<input type="checkbox"/> Winter		
<input type="checkbox"/> Spring		

CLASS COST: \$ _____
(Family Discount: deduct \$5 for the second, third, etc. Immediate Family Member Registration if applicable)

Please make checks payable to: **Carol Stream Ice Rink**

Send check along with this form to:
Carol Stream Ice Rink
540 E. Gundersen Dr
Carol Stream, IL 60188

Please arrive 30 minutes prior to first class. **Signed Rink Waiver will be Required.** Skate rental is available for \$4/class or purchase a \$35.00 Skate Rental Card (10 Punches) for a Savings of \$5.00.

