



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 I or II | | |
| <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.