

SC OF AMHERST SPRING 2024 ICE REGISTRATION FORM

ALL SESSIONS ARE AT THE UNIVERSITY OF MASSACHUSETTS MULLINS CENTER, AMHERST, MA

Name _____ Date of Birth _____ Grade _____

Address _____ City _____ State _____ Zip _____

Phone _____ Emergency Phone # _____ USFSA # _____

Name of Home Club if Other than SC of Amherst _____ Coach's Name _____

E-Mail Address _____

Highest U.S. Figure Skating Test PASSED: FREESTYLE _____ DANCE _____

BEGINNER/NO TEST FREESTYLE SESSION ON WEDNESDAYS FROM 6-6:30 PM

This beginner/no test level freestyle session offers beginning skaters Basic Skills Level 3 through adult an extra opportunity to practice their skills. The fee for this session does not include a lesson. If interested, a private lesson can be arranged at an additional cost.

PLEASE CHECK SESSIONS DESIRED

4 SUNDAYS APRIL 14 THROUGH MAY 5

_____ \$80 4:50 - 5:40 PM OPEN FREESTYLE

_____ 5:40 - 6:15 PM LEARN-TO-SKATE GROUP LESSONS SESSION ONE (*SEE SEPARATE REGISTRATION FORM*)

_____ 6:25 - 7:00 PM LEARN-TO-SKATE GROUP LESSONS SESSION TWO (*FOR LEARN-TO-SKATE*)

_____ \$80 7:00 - 7:50 PM OPEN FREESTYLE

5 MONDAYS APRIL 8 THROUGH MAY 6

_____ \$100 6:00 - 6:50 PM OPEN FREESTYLE

_____ \$100 7:00 - 7:50 PM OPEN FREESTYLE

5 TUESDAYS APRIL 9 THROUGH MAY 7

_____ \$100 6:00 - 6:50 PM OPEN FREESTYLE

_____ \$100 7:00 - 7:50 PM OPEN FREESTYLE

5 WEDNESDAYS APRIL 10 THROUGH MAY 8

_____ \$ 70 6:00 - 6:30 PM BEGINNER/NO TEST FREESTYLE (*recommended Basic Skill level 3 and up*)

_____ \$100 6:30 - 7:20 PM OPEN FREESTYLE

_____ \$100 7:30 - 8:20 PM OPEN FREESTYLE

REGISTRATION DEADLINE IS FRIDAY, APRIL 5

PRE-REGISTRATION IS REQUIRED FOR ALL SESSIONS (including the Learn to Skate Program).

NO FORMS OR PAYMENT WILL BE ACCEPTED AT THE RINK.

TOTAL AMOUNT DUE = \$ _____ (remember to add membership fee if applicable)

AMOUNT PAID = \$ _____ BALANCE DUE = \$ _____

MAKE CHECKS OR MONEY ORDERS PAYABLE TO THE SKATING CLUB OF AMHERST. DO NOT MAIL CASH. IF PAYING WITH CASH, PLEASE CONTACT US TO ARRANGE PAYMENT. THERE IS A \$20 RETURNED CHECK FEE.

MAIL ALL FORMS AND PAYMENT TO LEAMAN, 98 TRACY CIRCLE, AMHERST, MA 01002.

NO REFUNDS/CREDITS AFTER APRIL 7 EXCEPT FOR MEDICAL REASONS APPROVED BY THE SCA BOARD.

MEMBERSHIP FEES ARE NOT PRO-RATED OR REFUNDABLE.

QUESTIONS?? EMAIL SCofAmherst@gmail.com