

After School Spring 2014 Ice Skating Lessons at **ICE HOUSE**

FOR BEGINNER AND INTERMEDIATE SKATERS

Open to all students K-8

Dates: 6 WEEKS from 4pm to 5pm on Fridays
Friday May 9, 16, 30 June 6, 13 & 20

Time: Lesson Time: 4:00-4:30 p.m. on private ice
Practice Time: 4:30 -5:00 p.m. on private ice

Cost: \$85.00 per student for 6 Weeks

Price includes:

- Admission
- Skate rental
- Half hour lesson
- Half hour practice (Parents, siblings, friends may join the practice at a discounted rate).
- T-Shirt (*MUST BE WORN AT EVERY LESSON... OVER YOUR CLOTHES*)

CONTACT ICE HOUSE TO REGISTER!

Ask for Yvette 201.487.8444 ext 210 Yvette@icehousenj.com

111 Midtown Bridge Approach, Hackensack, NJ 07601

*(Phone registration accepted with Credit Card) Checks payable to: ICE HOUSE
Mail application with payment to Ice House 111 Midtown Bridge Approach, Hackensack, NJ 07601*

***DEADLINE FOR REGISTRATION: Thursday May 1,2014
Limited Registration! Sells Out Quickly! Please register early!!***

Class# 50914

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Or call Yvette at 201-487-8444 ext. 210, to pay with a credit card by phone

AFTER SCHOOL SPRING 2014 ICE SKATING Lessons at ICE HOUSE

6 Weeks on Fridays May 9, 16, 30 June 6, 13 & 20 from 4pm-5pm

Name: _____

Address: _____

City: _____ State _____ Zip _____

Age: _____ Grade _____

Beginner Skater _____ Intermediate Skater _____

Parents Name: _____

Email: _____

Cell phone : _____

How did you hear about us? _____

IN CASE OF EMERGENCY, PLEASE INDICATE NAME & PHONE NUMBER OF PERSON TO BE CONTACTED:

NAME	PHONE
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I HEREBY CERTIFY THAT THE ABOVE NAMED INDIVIDUAL IS IN SOUND PHYSICAL CONDITION TO PARTICIPATE IN THE ICE SKATING PROGRAM. I DO NOT EXPECT ICE HOUSE TO ASSUME ANY LIABILITY ON HIS/HER ACCOUNT, AND I WILL BE RESPONSIBLE FOR ANY MEDICAL COVERAGE (IN THE EVENT OF HOSPITAL CARE, YOUR OWN HOSPITALIZATION MUST BE UTILIZED).

DATE	PARENT/GUARDIAN SIGNATURE
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FEE: \$85.00 PER CHILD – All major credit cards accepted (except Discover).

Registration by phone with credit card payment only.

Make checks or money order payable to: "ICE HOUSE". Contact Ice House for Registration.

Method of Payment: CASH: _____ CHECK - #: _____ Visa _____ MC _____ Am Ex _____

CC# _____ Exp. _____

No Refunds

No Refunds

