Spring 2024 Learn to Skate

Sponsored by the Skating Club of New Hartford

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The Whitestown Arena

8 Wednesdays: 6:00pm – 6:50 pm April 3, **No class April 10** April 17, April 24, May 1, May 8, May 15, May 22, May 29

> Group Lessons - 8-week spring session Snowplow Sam 1-4 and Basic Skills 1-6

Group lesson and 25 minute practice each week (skaters must have own skates)

Fee: \$90 Minimum \$45 deposit with registration (cash or check only)

Make checks payable to: SCNH

Return form/payment to NH Learn to Skate monitor, drop off form / payment in Clinton club room, or mail registration and check to: PO Box 152, New Hartford, NY 13413

Final payments due on 4/3/2024 (first lesson)

SPACE is LIMITED: Late registrations will be accepted ONLY at the discretion of the Board. If minimum skaters needed are not registered by March 24, 2024, deposits will be refunded. <u>Once classes begin</u>, no other refund circumstances will apply. Skaters must be registered with Learn to Skate USA - \$20 must be added to registrations for <u>NEW SKATERS*</u>.

Email: <u>hotvedt@ro</u> a	adrunner.com or Call 315-734-5656 with qu	estions.	
Date:			
Skater:	Date of Birth:		
Address:			
	Zip:		
PHONE:	Emergency Phone:		
Parent(s) name(s):			
***** e-mail: _		****	
	Test Passed:		
*Home Club:	USFS #:		
Current Age:	Male: Female:		
10% family discoun	t on tuition (3 or more skaters)		
Denosit: Date:	Check # *NEW Skater	LTS Fee:	
-	Date: Check#		
PAID IN FULL:	SPRING 2024 -	- Learn to Skate	

Spring 2024 Learn to Skate Sponsored by the Skating Club of New Hartford \mathcal{AT}

The Whitestown Arena

8 Wednesdays: 5:30pm – 6:50 pm

April 3, **No class April 10** April 17, April 24, May 1, May 8, May 15, May 22, May 29

BRIDGE Group Lessons - 8 week spring session Pre-Freeskate and Badge Freestyle

 $\frac{1}{2}$ hour lesson plus 50 minutes of practice on half ice each week. Eligible to purchase Bridge / Low FS ice – Thursdays 6-6:50pm. (separate form)

Fee: \$110 Minimum \$55 deposit with registration (cash or check only)

Make checks payable to: SCNH

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Email: h	<u>otvedt@roac</u>	Irunner.com or Call	315-734-5656 wit	h questions.	
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Date:					
Skater:		Date of Birth:			
			Emergency Phone:		
Parent(s) nan	ne(s):				
*** e-ma				* * * *	
Current Class	s Level:		Test Pas	sed:	
*Home Club:			USFS/LTS #:		
Current Age:			lale: Fem	ale:	
10% family	y discount	on tuition (3 or n	nore skaters)		
Deposit:	_ Date:	Check # *NEW Skater LTS Fee:			
Final payment:		Date:	Check#		
PAID IN FULL:		SPRING 2024 - BRIDGE			