

*Wonderland of Ice* LEARN TO SKATE 2015-16

SKATER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

EMERGENCY(Name/Phone) \_\_\_\_\_

PARENT'S NAMES \_\_\_\_\_

EMAIL ADDRESS (Print clearly) \_\_\_\_\_

CLASS DESIRED (Please circle)

SUNDAY      WEDNESDAY      FRIDAY      SATURDAY

START DATE \_\_\_\_\_ END DATE \_\_\_\_\_

FULL CLASS \_\_\_\_\_ \$199

Check # \_\_\_\_\_

PLEASE MAKE CHECKS PAYABLE AND MAIL TO :

WONDERLAND OF ICE  
123 GLENWOOD AVENUE  
BRIDGEPORT, CT 06110  
203-576-8118

RELEASE MUST BE SIGNED—OVER PLEASE 

