**Skating School at Iceland**

**Learn To Skate Program**

(All classes based on enrollment)

**Programs will be held the following six**

Monday 4:00-5:00 PM 4/24, 5/1, 5/8, 5/15, 5/22, 6/5 (6 weeks)

Friday 4:00-5:00 PM 4/21, 4/28, 5/5, 5/12, 5/19, 5/26 (6 weeks)

**Saturdays 12:00-1:00 PM 4/22, 4/29, 5/6, 5/13, 5/20, 6/3 (6 weeks)**

**Sundays 10:00-11:00 AM 4/23, 4/30, 5/7, 5/14, 5/21, 6/4 (6 weeks)**

C:\Users\skating school\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\XXD57CEK\MC900320470[1].wmfC:\Users\skating school\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\XXD57CEK\MC900282000[1].wmf **$150.00 for the 6 week semester**

**Half hour skating class (with instructor) half hour practice (on own)**

***Please note: Some skaters have their practice first, while others have their instruction first,***

***This is based on age, level & teacher availability***

Skate rentalwill be $5 per time or you can buy a discount

card for the 6 weeks for $24.00 ($4 per skate)

**There will be a $12 registration fee added for the**

**Calendar year sept 2016-june 2017 for USFS LTS Registration**

**Make-ups allowed only with a doctor’s note**

**Registration must be done at least 2 days prior to start date of classes**

\*\*For more information Please call (516) 746-1100 (ext. 6)

Visit our website at [www.icelandlongisland.com\*\*\*](http://www.icelandlongisland.com***)

**Bicycle helmet, gloves or mittens and warm clothing are recommended for attending group lessons**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_city \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_zip\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred day\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender M F

Level of skater\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_