

# Learn To Skate Program

**7 week Program Fee \$130**  
**Skate Rental \$24**



**Thursday • Feb. 11 - 18 - 25 March 4 - 11 - 18 - 25**

**12:00 - 12:30pm**  
 snowplow 1  snowplow 2

**12:30 - 1:00pm**  
 snowplow 3  basic 1

**1:00 - 1:30pm**  
 snowplow 1  snowplow 2

**6:30 - 7:00pm**  
 snowplow 3  basic 1  basic 2  basic 3  Hockey 1 & 2

**7:00 - 7:30pm**  
 Adults  basic 1  basic 4  basic 5  Hockey 3 & 4



**Friday • Feb 12 - 19 - 26 March 5 - 12 - 19 - 26**

**11:30 - 12:00pm**  
 basic 1  basic 2

**12:00 - 12:30pm**  
 snowplow 1  snowplow 2

**12:30 - 1:00pm**  
 snow plow 2  basic 2

**5:00 - 5:30pm**  
 snowplow 1  basic 1  basic 2  basic 5

**5:30 - 6:00pm**  
 snowplow 2  basic 1  basic 3  basic 4

**6:00 - 7:00pm**  
 basic 6/8  FreeStyle



**Sunday • Feb 7 - 14 - 21 - 28 March 7 - 14 - 21**

**1:15 - 1:45pm**

snowplow 1  snowplow 2  snowplow 3  basic 1  basic 2

basic 3  basic 4  basic 7/8  Hockey 1&2

**1:45 - 2:15pm**

Adults  snowplow 1  snowplow 2  snowplow 3  basic 1

basic 2  basic 3  basic 5  basic 6  Hockey 3&4

**Winter 2010 Program**



**\$25 Off**  
 your next  
 Party at Aspen Ice

# Learn To Skate

**3 Public Skating Passes included when you enroll**

**Student Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Email address** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Age** \_\_\_\_\_

**Previous USFSA Membership #** \_\_\_\_\_

Because we reserve and hold a place in this clinic for each participant, there are NO REFUNDS or makeup's for this program.

Having full knowledge and understanding of the nature of the activity and the hazards involved, I hereby certify that I have personal Medical Insurance coverage for any "bodily injury" that may occur and assume full responsibility for all losses and injuries sustained while involved in this activity as it relates to this facility. I also hold harmless Aspen Ice, its insurers, the management, staff employees, officers, Board of Directors, and any of its associates from any claim related thereto.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*Please mail the completed application and your check to:*

**Method of payment**

**Cash (do not mail)**  **Check (payable to Aspen Ice)**

**Credit Card #** \_\_\_\_\_

**Name on Card** \_\_\_\_\_ **CCV Code** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_

**Sorry we do not accept American Express & Discover**  
**There is a \$50 charge for a returned check**

**Mail to: Aspen Ice • 16 Aspen Drive, Randolph, NJ 07869**

**Call 973-927-9122 • fax 973-927-9123**

visit our website [www.aspen-ice.com](http://www.aspen-ice.com) for more information.