

# 8 week Program Fee \$150

## Skate Rental \$28



Sunday • Sept. 12 - 19 - 26 Oct. 3 - 10 - 17 - 24 (no Oct 31<sup>st</sup>) Nov. 7

1:15 - 1:45pm

snow plow 1     snowplow 2     snowplow 3     basic 1     basic 2

basic 3     basic 4     Hockey 1 & 2

1:45 - 2:15pm

snowplow 1     snowplow 2     snowplow 3     basic 1     basic 2

basic 5     basic 6/8     Adults     Hockey 3&4

### FreeStyle

Monday • Sept. 13 - 20 - 27 Oct. 4 - 11 - 18 - 25 Nov. 1 - 8  
**4:45 - 5:45pm - \$15 per hour fee**

Thursday • Sept. 16 - 23 - 30 Oct. 7 - 14 - 21 - 28 Nov. 4

12:00 - 12:30pm

snowplow 1     snowplow 2

12:30 - 1:00pm

snowplow 1     snowplow 3

1:00 - 1:30pm

basic 1     basic 2     basic 3

4:30 - 5:00pm

snowplow 1     snowplow 2     basic 1     basic 2     Hockey 1 & 2

5:00 - 5:30pm

snowplow 3     basic 2     basic 3     basic 4     Hockey 3 & 4

Friday • Sept. 17 - 24 Oct. 1 - 8 - 15 - 22 - 29 Nov. 5

5:00 - 5:30pm

snowplow 1     basic 1     basic 2     basic 3

5:30 - 6:00pm

snowplow 2     basic 1     basic 4     basic 5

6:00 - 7:00pm - FreeStyle

basic 6/8     Freestyle



All applicants must register with USFSA at the cost of \$10 for a year membership

Fall 2010 Program



# 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 # \_\_\_\_\_

Method of payment

Please make checks payable to Aspen Ice and mail to

Aspen Ice

16 Aspen Drive, Randolph, NJ 07869

For your financial security, we no longer accept credit card information

on the application over the phone or thru fax.

Please present your credit card payment at the rink.

**Sorry, we do not accept American Express & Discover**

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:

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

Call 973-927-9122 • fax 973-927-9123

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