

Learn-to-Skate Registration Form

Skater Name: _____ Skater Age: _____

Parent/Participant E-mail: _____

Contact Name: _____ Relationship to Participant (if not participant): _____

Primary Phone: _____ Secondary Phone: _____

Address: _____

Saturday Child Classes (Beginner and Intermediate) - Please circle your preferred time.

Session Times: 8:30 - 9:15AM 9:30 - 10:15AM

*Tuesday Child Classes (Intermediate)

Session Time: 6:30 - 7:15PM

*Tuesday Teenager/Adult Classes (Beginner and Intermediate)

Session Time: 7:30 - 8:15PM

**Weekday classes will be held during normal skating center times.*

• Learn-to-Skate Lessons **with** skate rental: \$80.00 × _____

• Learn-to-Skate Lessons **without** skate rental: \$70.00 × _____

• **Total:** _____ ◀ **Full payment is due to reserve space.**

Payment accepted in the form of check or charge.

To pay by credit card:

Credit Card Type: (Please circle one) Visa Mastercard American Express Discover

Credit Card Number: _____ Expiration Date: _____

Signature: _____

To pay by check:

Make checks payable to: Newport Yachting Center

Mail completed form, with payment, to:

Newport Yachting Center
Attn: Erica Keating
P.O. Box 550
Newport, RI 02840

Or Fax credit card payment forms only to: 401.619.4616