

2019 Green & Gold Summer Skate Program

REGISTRATION FORM

PLEASE PRINT

Participant Name: _____

Address: _____

City,State,Zip: _____

Home Phone: _____ **Cell Phone:** _____

E-Mail: _____

Skater's Grade 2019-20: Frosh Soph Junior Senior

Parent's Full Names: _____

Parent's Full Names: _____

Parent's Address (if different than Participant):

Parent's Phone: _____ **Other:** _____

Parent's E-Mail: _____

Office Use:

Payment: _____ **Check #** _____ **Date:** _____

Type: Full Session Pay to Play
 Waiver: Yes No

PTP

Dates: _____