



Figure Skating Training Center
Springdale Figure Skating Club



1063 Hope Street
Stamford, CT 06907
(Tel.) 203-968-9000, ext. 16
(Fax) 203-321-1522
www.stamfordtwinrinks.com

20th Annual Summer Figure Skating June 20–August 27, 2016

(Plus, Figure Skating Add-ons: June 13–18 & Aug. 29–Sept. 3)
(See separate schedule for first and last add-on weeks.)

- ◆ **Figure Skating Session Subscriptions** - Choose from 5 daily sessions offered Monday–Saturday and save! (Minimum number of sessions required for subscriptions.) All sessions are 50 minutes. Subscribe at \$13 per session. Full or half summer options.

Convenient location! State-of-the-art facility! Top-flight coaching staff!

FIGURE SKATING SESSION SUBSCRIPTIONS (Monday–Saturday)

Full Season (10 wks): June 20–Aug. 27

1st Half Season (5 wks): June 20–July 23 **2nd Half Season (5 wks):** July 25–Aug. 27

- ◆ **Minimum requirements for subscription price:** Choose any 20 sessions per half season (1st or 2nd); any 40 sessions for full season.
- ◆ Want to add to initial subscription? Choose additional sessions (*minimum of 10 each time you sign up*) to qualify for subscription price. (No exceptions.)

SINGLE Skating Sessions "WALK-ON" FEE: \$19

- ◆ Pay in advance at Admissions window.
- ◆ Valid only on day of purchase.
- ◆ Wear leg sticker

2016 SUMMER FIGURE SKATING REGISTRATION FORM - SUBSCRIPTIONS

Please fill out a separate registration form for each member of the family.

Personal information:

Name _____ Age ____ Birthdate ____/____/____

Address _____

City _____ State _____ Zip _____

Parent(s) names _____ E-mail _____

Home phone _____ Cell phone _____

- ◆ **PLEASE NOTE:** A \$25 processing fee will be charged for each change of designated sessions or weeks once registration is received.

Subscribe to skating sessions, and SAVE!

1st Half

2nd Half

Week 1

June 20 7AM 8AM 10AM 10:50AM 12:40PM
June 21 7AM 8AM 10AM 10:50AM 12:40PM
June 22 7AM 8AM 10AM 10:50AM 12:40PM
June 23 7AM 8AM 10AM 10:50AM 12:40PM
June 24 7AM 8AM 10AM 10:50AM 12:40PM
June 25 8AM 9AM 10 AM

Week 6

July 25 7AM 8AM 10AM 10:50AM 12:40PM
July 26 7AM 8AM 10AM 10:50AM 12:40PM
July 27 7AM 8AM 10AM 10:50AM 12:40PM
July 28 7AM 8AM 10AM 10:50AM 12:40PM
July 29 7AM 8AM 10AM 10:50AM 12:40PM
July 30 8AM 9AM 10 AM

Week 2

June 27 7AM 8AM 10AM 10:50AM 12:40PM
June 28 7AM 8AM 10AM 10:50AM 12:40PM
June 29 7AM 8AM 10AM 10:50AM 12:40PM
June 30 7AM 8AM 10AM 10:50AM 12:40PM
July 1 7AM 8AM 10AM 10:50AM 12:40PM
July 2 8AM 9AM 10 AM

Week 7

Aug. 1 7AM 8AM 10AM 10:50AM 12:40PM
Aug. 2 7AM 8AM 10AM 10:50AM 12:40PM
Aug. 3 7AM 8AM 10AM 10:50AM 12:40PM
Aug. 4 7AM 8AM 10AM 10:50AM 12:40PM
Aug. 5 7AM 8AM 10AM 10:50AM 12:40PM
Aug. 6 8AM 9AM 10 AM

Week 3

July 4 -----closed-----
July 5 7AM 8AM 10AM 10:50AM 12:40PM
July 6 7AM 8AM 10AM 10:50AM 12:40PM
July 7 7AM 8AM 10AM 10:50AM 12:40PM
July 8 7AM 8AM 10AM 10:50AM 12:40PM
July 9 8AM 9AM 10 AM

Week 8

Aug. 8 7AM 8AM 10AM 10:50AM 12:40PM
Aug. 9 7AM 8AM 10AM 10:50AM 12:40PM
Aug. 10 7AM 8AM 10AM 10:50AM 12:40PM
Aug. 11 7AM 8AM 10AM 10:50AM 12:40PM
Aug. 12 7AM 8AM 10AM 10:50AM 12:40PM
Aug. 13 8AM 9AM 10 AM

Week 4

July 11 7AM 8AM 10AM 10:50AM 12:40PM
July 12 7AM 8AM 10AM 10:50AM 12:40PM
July 13 7AM 8AM 10AM 10:50AM 12:40PM
July 14 7AM 8AM 10AM 10:50AM 12:40PM
July 15 7AM 8AM 10AM 10:50AM 12:40PM
July 16 8AM 9AM 10 AM

Week 9

Aug. 15 7AM 8AM 10AM 10:50AM 12:40PM
Aug. 16 7AM 8AM 10AM 10:50AM 12:40PM
Aug. 17 7AM 8AM 10AM 10:50AM 12:40PM
Aug. 18 7AM 8AM 10AM 10:50AM 12:40PM
Aug. 19 7AM 8AM 10AM 10:50AM 12:40PM
Aug. 20 8AM 9AM 10 AM

Week 5

July 18 7AM 8AM 10AM 10:50AM 12:40PM
July 19 7AM 8AM 10AM 10:50AM 12:40PM
July 20 7AM 8AM 10AM 10:50AM 12:40PM
July 21 7AM 8AM 10AM 10:50AM 12:40PM
July 22 7AM 8AM 10AM 10:50AM 12:40PM
July 23 8AM 9AM 10 AM

Week10

Aug. 22 7AM 8AM 10AM 10:50AM 12:40PM
Aug. 23 7AM 8AM 10AM 10:50AM 12:40PM
Aug. 24 7AM 8AM 10AM 10:50AM 12:40PM
Aug. 25 7AM 8AM 10AM 10:50AM 12:40PM
Aug. 26 7AM 8AM 10AM 10:50AM 12:40PM
Aug. 27 8AM 9AM 10 AM

SUBSCRIBED FIGURE SKATING SESSIONS

Subscription rate for all 50-minute sessions:

\$13.00 per session

Please choose a *minimum of 40 sessions for Full Season* or a *minimum of 20 sessions for 1st Half or 2nd Half*. No exceptions.

Full Season (10 wks.)

1st Half Season (5 wks.)

2nd Half Season (5 wks.)

Total # of subscribed sessions _____ x \$13.00 = \$ _____

Big Savings!
Compare to \$19
Walk-on Rate

NO MAKE-UPS. NO REFUNDS, NO RE-SELLING OF ICE TIME.
\$25 FEE TO CHANGE SESSIONS/WEEKS.



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Special Figure Skating Sessions SUBSCRIPTIONS & SCHEDULE June 13–17 & August 29–September 3, 2016

**Subscribe to any 5 sessions to qualify for \$13 subscription price.
All others must pay \$19 walk-on price.**

Figure skaters may not practice figure skating moves (jumps, spins, MIF, dance patterns, programs, etc.) or schedule lessons on public skating sessions.

Name _____ Home Phone _____
Address _____ City _____ State _____ Zip _____
E-mail Address _____

June 13–17, 2016

Choose a minimum of any 5 sessions to qualify for subscription price.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<input type="checkbox"/> 6:00-8:50 am		<input type="checkbox"/> 6:00-8:50 am		<input type="checkbox"/> 6:00-8:50 am	
<input type="checkbox"/> 2:00-2:50 pm	<input type="checkbox"/> 2:00-2:50 pm	<input type="checkbox"/> 2:00-2:50 pm	<input type="checkbox"/> 2:00-2:50 pm		
<input type="checkbox"/> 3:00-3:50 pm	<input type="checkbox"/> 3:00-3:50 pm	<input type="checkbox"/> 3:00-3:50 pm	<input type="checkbox"/> 3:00-3:50 pm		
<input type="checkbox"/> 4:00-4:50 pm	<input type="checkbox"/> 4:00-4:50 pm	<input type="checkbox"/> 4:00-4:50 pm	<input type="checkbox"/> 4:00-4:50 pm		

Total # of sessions subscribed _____ x \$13 \$ _____

August 29–September 3, 2016

Choose a minimum of any 5 sessions to qualify for subscription price.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<input type="checkbox"/> 1:00-1:50 pm	<input type="checkbox"/> 1:00-1:50 pm	<input type="checkbox"/> 1:00-1:50 pm	<input type="checkbox"/> 1:00-1:50 pm	<input type="checkbox"/> 1:00-1:50 pm	<input type="checkbox"/> 8:00-8:50 am
<input type="checkbox"/> 2:00-2:50 pm	<input type="checkbox"/> 2:00-2:50 pm	<input type="checkbox"/> 2:00-2:50 pm	<input type="checkbox"/> 2:00-2:50 pm	<input type="checkbox"/> 2:00-2:50 pm	<input type="checkbox"/> 9:00-9:50 am
<input type="checkbox"/> 3:00-3:50 pm	<input type="checkbox"/> 3:00-3:50 pm	<input type="checkbox"/> 3:00-3:50 pm	<input type="checkbox"/> 3:00-3:50 pm	<input type="checkbox"/> 3:00-3:50 pm	<input type="checkbox"/> 10:00-10:50 am

Total # of sessions subscribed _____ x \$13 \$ _____

Walk-ons: \$19 per session

Cash Check Visa Mastercard Credit card # _____ Exp. Date ____/____

Cardholder's Signature _____ Date _____ Check payable: Stamford Twin Rinks

Return with full payment in person or by mail to: Stamford Twin Rinks, 1063 Hope Street, Stamford, CT 06907

PLEASE SIGN WAIVER ON OTHER SIDE

THANK YOU! WE APPRECIATE YOUR BUSINESS!

Please read and sign waiver below.

I agree to waive liability and release any and all claims against RivCan Associates, owner ("Owner") of Stamford Twin Rinks (the "Facility"), its owners, Springdale Figure Skating Club, its members, and all of their officers, employees and agents and the Springdale Ballet Academy for injuries and damages suffered by myself or my children 18 or under, for whom I am signing, during programs at the Facility or while at the Facility for any other reason, whether on or off the ice. I acknowledge that ice skating and other physical activities at the Facility involve risk of serious bodily injury. I fully accept and assume all risks and all responsibility for all losses and damages incurred as a result of my participation and my children's participation in these activities. I have read the Rules of the Stamford Twin Rinks and the Conduct of Skaters/Rules for Figure Skating Sessions of the Springdale Figure Skating Club and will abide by them. I have explained the Rules to my children. I agree that the staff of the Club or Facility may require the withdrawal from any session of any skater who violates the Rules.

Signature of Applicant _____ Date _____

Signature of Parent or Legal Guardian _____
(if applicant is under 18)

For office use:

Date received _____

Entered on attendance sheets _____