



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

21st Annual Summer Figure Skating
June 12–September 2, 2017

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

Name _____ Age ____ Birthdate ____/____/____
Address _____
City _____ State _____ Zip _____
Parent(s) names _____ Phone _____

June 12–16, 2017

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
6:00-8:50 am		6:00-8:50 am		6:00-8:50 am	
2:00-2:50 pm	2:00-2:50 pm	2:00-2:50 pm	2:00-2:50 pm	2:00-2:50 pm	
3:00-3:50 pm	3:00-3:50 pm	3:00-3:50 pm	3:00-3:50 pm	3:00-3:50 pm	
4:00-4:50 pm	4:00-4:50 pm	4:00-4:50 pm	4:00-4:50 pm	4:00-4:50 pm	

June 19–August 26, 2017

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
7:00-7:50 am	7:00-7:50 am	7:00-7:50 am	7:00-7:50 am	7:00-7:50 am	8:00-8:50 am
8:00-8:50 am	8:00-8:50 am	8:00-8:50 am	8:00-8:50 am	8:00-8:50 am	9:00-9:50 am
10:00-10:45 am	10:00-10:45 am	10:00-10:45 am	10:00-10:45 am	10:00-10:45 am	10:00-10:50 am
10:45-11:30 am	10:45-11:30 am	10:45-11:30 am	10:45-11:30 am	10:45-11:30 am	
12:20-1:05 pm	12:20-1:05 pm	12:20-1:05 pm	12:20-1:05 pm	12:20-1:05 pm	

August 28–September 2, 2017

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1:00-1:50 pm	1:00-1:50 pm	1:00-1:50 pm	1:00-1:50 pm	1:00-1:50 pm	8:00-8:50 am
2:00-2:50 pm	2:00-2:50 pm	2:00-2:50 pm	2:00-2:50 pm	2:00-2:50 pm	9:00-9:50 am
3:00-3:50 pm	3:00-3:50 pm	3:00-3:50 pm	3:00-3:50 pm	3:00-3:50 pm	10:00-10:50 am

20 Session Punch Card: \$300

TOTAL ENCLOSED _____

Single skating sessions "walk-on" fee: \$19

- ♦ Pay in advance at Admissions window.
- ♦ Wear leg sticker.
- ♦ No refunds and no reselling of punch cards.
- ♦ Punch cards are valid only for 2017 summer sessions.



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 REVERSE 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 _____