



PERTH ICE ARENA SKATING ACADEMY



708 Marshall Road, Malaga ** Phone: (+ 61) 08 92489060
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Ice Skating Lessons Term 3 2018

Tuesday	4.00pm – 6.00pm	17 th July – 4 th September	2018	\$180.00	<input type="checkbox"/>
Saturday	9.30am – 11.30am	21 st July – 8 th September	2018	\$180.00	<input type="checkbox"/>
Sunday	9.30am – 11.30am	22 nd July – 9 th September	2018	\$180.00	<input type="checkbox"/>

*** PRICE INCLUDES:** 8 x 30 Minute lessons, entry, skates (if required) and 4 free public skating sessions to use throughout the term (8 weeks). The 4 free passes are for the Registered Skater Only and are not transferable.

**** COMPETITION DAY:** Held on the 8th lesson at the end of the **Skate Academy Term**. The competition day will conclude the lessons for Term 3. On competition day please arrive at the start of the skating session. Speak with your Coach for more details.

*** PLEASE NOTE:** Maximum class size 8 people. Classes fill quickly so please make sure your form is submitted and fees are paid to guarantee a place. This also applies for re-enrolments. The free passes must be used during the Skate Academy term and are for the registered skater only.

**** CANCELLATION POLICY:** Please check you are available to attend ALL CLASSES, as no refunds will be given. Cancellations must be made one week prior to the first scheduled class in order to receive a credit. A refund will only be given where a student withdraws prior to course commencement due to a serious illness, injury or disability that prevents them from attending the course (medical certificate required). After the start of the course a pro-rata credit may be considered for serious medical reason ONLY (medical certificate required). THERE ARE NO OTHER GROUNDS FOR REFUNDS AND THERE IS NO CATCH UP LESSONS IF YOU MISS YOUR CLASS. (Due consideration will be given if you have a Medical Certificate).

Skaters Full Name:	Skaters Address:				
Skaters Age:	Post code:				
Guardian's Full Name:					
Day time Contact Number:	Are you a first time Skater:				
A/H Contact Number:	If no, Level you are moving into:				
PREFERRED PAYMENT METHOD:	Email Address:				
VISA MASTERCARD					
EFTPOS CASH CHEQUE					
OFFICE USE ONLY:					
DEPOSIT PAID \$	DATE:	STAFF ID	BALANCE PAID \$	DATE:	STAFF ID