

CITY OF PEABODY LEARN TO SKATE

APPLICATION FORM

Date _____ Receipt # _____ Starting Date _____

NAME OF CHILD _____ AGE _____
(1st name only)

PARENT/GUARDING _____
(First and Last Name)

ADDRESS _____

TELEPHONE _____ E-MAIL _____

CHECK DAY YOU ARE INTERESTED IN

MON 1-1:50 PM _____ THURS 1-1:50 _____ Tues 4:15 – 5:05pm _____
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SUNDAYS 11:05-11:55am _____

Sorry no parents allowed on ice.

Helmets Required (Bike or Hockey)

Warm Clothing should be worn (gloves, hats etc)

Sessions cancelled because of holidays or snow days will be made up.

No double runners allowed.

Each class has a minimum enrollment. If the minimum enrollment is not met, the rink has the right to cancel the class. You will be given the option to transferring your child into another class, or a full refund.

SKATE RENTALS AVAILABLE \$6.00 AT THE PRO SHOP.

If you request a refund, you will be charged \$ **12.00** for each session that you have skated.

No refunds after 3rd week. No refunds for missed sessions.

MAKE CHECK OUT TO (City of Peabody SKATING RINK)

SEND TO PEABODY SKATING RINK

511 Lowell St.

Peabody, Ma 01960

978-535-2110

www.peabodyskating.org

