

Learn to Skate

Arrington Ice Arena

Skater's Name: (Last, First, Middle):

Name of Parent/Guardian:

Phone Number:

Skater's Address:

E-mail:

Skater's age and birth date:

Class level (contact ACarlson@adrian.edu if you are unsure):

BASIC:

SNOWPLOW SAM:

HOCKEY:

Will they be wearing figure or hockey skates?

Please send form with check (made out to Adrian LTS) to:

Ashley Carlson, Arrington Ice Arena, 110 S. Madison St, Adrian, MI 49221