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## AUSSIE SKATE PROGRAM TERM 1 2010

Tuesday 4.30pm to 6.30pm	2 <sup>nd</sup> February – 30 <sup>th</sup> March 2010	\$165.00	<input type="checkbox"/>
Saturday 10am to 12 noon	6 <sup>th</sup> February – 27 <sup>th</sup> March 2010	\$165.00	<input type="checkbox"/>
Sunday 10am to 12 noon	7 <sup>th</sup> February – 28 <sup>th</sup> March 2010	\$165.00	<input type="checkbox"/>

**\*\*PRICE INCLUDES** 8 x 30 minutes lessons, Entry, Skates (if required) and 4 free public skating sessions throughout the term (9 weeks). The passes are for the registered Skate Only.

**\*\*COMPETITION DAY FOR THE 1<sup>ST</sup> TERM OF 2010 WILL BE HELD ONLY ON THE TUESDAY 30<sup>TH</sup> MARCH, 2010, WHICH WILL BE THE LAST DAY OF THE LEARNS TO SKATE TERM.** (Being that there is only 8 weeks in the first term owing to the Easter Holidays being early) Please speak to your Coach for more details.

**\*\*PLEASE NOTE:** Maximum class size is 8 people, Classes fill quickly so please make sure your form is submitted and fees paid to guarantee a place. This also applies to re-enrolments. The free passes must be used during the Aussie Skate term and are for 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 pr-rata credit may be considered for serious medical reasons ONLY (medical certificate required). *THERE ARE NO OTHER GROUNDS FOR REFUND 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:

Guardian's Full name

Post Code

Daytime Contact Number:

Are you a first time Skater:

A/H contact Number

If no, Level attained:

Email Address

### PREFERRED PAYMENT METHOD

VISA  MASTERCARD  EFTPOS  CASH  CHEQUE

### OFFICE USE ONLY

DEPOSIT PAID \$  
BALANCE PAID \$

DATE:  
DATE:

STAFF ID  
STAFF ID