



SUMMER FIGURE SKATING CLINIC

****ALL INCLUSIVE****

The Clinic is designed to provide a Complete Training Program for the beginner, test and competitive skaters who wish to “aspire higher.” The coaching staff will provide a supervised and disciplined program. Private lessons with your coach during the camp will be billed separately.

WEDNESDAYS: JULY 6, 13, 20, 27, AUGUST 3, 10

Holiday Rinks: 3465 Broadway, Cheektowaga NY 14227

Track 1- Rising Stars Gold Level – Pre Preliminary

Track 2- Preliminary – Senior

Please bring with you:

Sneakers

Water Bottle

A Healthy Snack (ex. Protein Bar, Apple, Sandwich)

WEDNESDAYS - TRACK 1 & 2

Rising Stars Gold Level – Senior

8:40-8:55	Warmup (Wear Sneakers)
9:00-9:15	Style / Edges
9:15-9:30	Style / Choreography
9:30-9:45	Variety Class
9:45-10:45	Practice
10:45-11:00	Power skating
11:10-11:40	Off-Ice (Wear Sneakers)

TERMS

- * **Parents are recommended to drop off skaters on Clinic Day.**
- * Enrollment is limited & will be accepted on a first come, first served basis.
- * There will be a \$50 fee for all returned checks.
- * **NO MAKEUPS – NO REFUNDS**
- * Credits/Refunds will only be considered with an authorized medical excuse.
- * There will be no additional charges.
- * Private lessons will be billed separately.
- * Off-ice and on-ice harness will be billed separately.
- * Skate Great assumes no responsibility for any accident or injury to any participant.
- * Training Clinic payment must be made separately. Ice cards cannot be used for clinic.

Levels subject to change based on enrollment and Freestyle level.
Skate Great reserves the right to cancel any category due to low enrollment.

WWW.SK8GR8.COM

ALL-INCLUSIVE PACKAGE RATE

Wednesdays Track 2: \$220.00 / 6 weeks
Discounted price of \$200 if paid in full by July 1st!
Walk-On- \$40 per day

Skate Great

PO Box 67

Cheektowaga, NY 14225

Complete below and return with check OR Register Online at www.SK8GR8.com

SUMMER TRAINING CLINIC 2022 REGISTRATION FORM

Name: _____ Birthdate _____

Address: _____ City _____ Zip _____

Home Phone: _____ Work Phone: _____ Coach _____

Highest Freestyle Passed: _____ Highest Moves In The Field Passed: _____

Club: _____ E-MAIL (**print clearly**): _____

_____ Wednesdays Track 1 & 2 - \$220 (*\$200 before 7/1*)

Total amount paid: _____ Check # _____ Date: _____