







- Ages 3 thru Adult: Beginner thru Advanced
- Pre-Registration required, very limited spaces available.
- Loaner Skates Available, limited quantity.
- Skaters 10 and under are encouraged to wear a helmet. (Bike Helmets are okay)
- No Makeups or refunds.

For Information call:

Aurora Ice Association: (716) 805-7582

Skate Great Director: Jessica Roswell (716) 580-3458 / sk8gr8info@gmail.com

Monday 5:00-5:50 (\$95/6 classes)

East Aurora Classic Rink

Sunday 12:00-12:50 (\$95/6 classes)

SESSION 1: October 15 - November 19 October 16 -November 20

SESSION 2: November 26 – January 14

November 27 - January 15 (No Class December 24 & December 31)

SESSION 3: January 21 - March 3

(No Class February 4)

(No Class December 25 & January 1)

January 22 – March 4 (No Class February 5)

Parent Participation: \$25 for the 2023-2024 Season

(Last 20 minutes of practice time after class. Optional, not interchangeable with other parents)

www.classicrink.org

Registration Form - 2023-2024 Make check or money order payable to: Aurora Ice Association



Session# (Circle one): 1 2

/ MONDAY E.OO E.EO

| 41 Riley Street., East Aurora, NY 14052 | | 30NDAT 12 | .00-12.30 | / IVIONDAT 5.00 | AT 3.00 - 3.30 | |
|--|-------------------------|--------------------------|-------------------|-----------------------|-------------------|--|
| | | | | | | |
| Skater's Name | Male/Female | Birthdate | | E-mail (Required) | | |
| Address | C | City | | Zip | Phone | |
| Name of Parent Par | ticipation (\$25 for | the 2022-2023 sea | ıson): | | | |
| Total Amount Paid: | (\$95 | 5.00 / Session) | Check# | Date: | | |
| Please check if this box if you | would like to receive | e text alerts for cance | ellations, updat | es, etc. Cell # | | |
| As a parent or guardian of promotional and/or education sources). I do this wi | nal purposes (including | g publications, presenta | ition or broadcas | | et or other media | |
| - | Yes, I give cor | nsent for Skate Great | to use photog | raphs my child. | | |
| - | No, I do not au | uthorize Skate Great | to use any pho | tographs of my child. | | |
| Parent Signature | Print Name | | | | | |