



# 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 10, 17, 24, 31, AUGUST 7, 14**

**Holiday Rinks: 3465 Broadway, Cheektowaga NY 14227**

**Please bring with you:**

Sneakers, Water Bottle, *Healthy* Snack (ex. Protein Bar, Apple, Sandwich)

**WEDNESDAYS - TRACK 1 & 2**

*Track 1- Rising Stars Gold Level – Pre-Preliminary*

*Track 2- Preliminary – Senior*

8:40-8:55	Warmup (Wear Sneakers)
9:00-9:30	Style/Edges/Choreography – Track 1 & 2
9:30-9:45	Variety Class - Track 1 & 2 Separate
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.
- \* 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**

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

**Complete below and return with check to ice monitor OR Register Online at [www.SK8GR8.com](http://www.SK8GR8.com)**

**SUMMER TRAINING CLINIC 2024 REGISTRATION FORM**

Name: \_\_\_\_\_ Birthdate \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

E-MAIL (print clearly): \_\_\_\_\_ Coach \_\_\_\_\_

Highest Freestyle Passed: \_\_\_\_\_ Highest Skating School Passed: \_\_\_\_\_ Club: \_\_\_\_\_

Total amount paid: \_\_\_\_\_ Check # \_\_\_\_\_ Date: \_\_\_\_\_