

Figure Skating Camp

Mount Pleasant Ice Arena
6101 Hillen Road at Northern Parkway ● Baltimore, MD 21239
443-984-4075 (phone) ● 410-254-1368 (fax)
www.mtpleasanticearena.com



pleasantskate@aol.com

For Girls and Boys Ages 8 – 18 ● Skating Experience Required

	Week 1 ● June 22 – June 26, 2015	● 9:00am – 2:30pm	• \$225.00 / 5 days		
	Week 2 ● July 6 – July 10, 2015	• 9:00am – 2:30pm	• \$225.00 / 5 days		
	Week 3 ● July 13 – July 17, 2015	• 9:00am – 2:30pm	• \$225.00 / 5 days		
	Week 4 ● July 20 – July 24, 2015	• 9:00am – 2:30pm	• \$225.00 / 5 days		
bring their own	egister for one or multiple weeks. <u>All sa</u> lunch and water bottle. Nutritional sna our assistance.				
Name of Skate	er:				
Skater's Birth [Date:	Age:	Gender: F	М	
Address:					
City:		State: Z	ip Code:		
Phone Number	r:				
Email Address:	: 				
USFS Test Pas	ssed:	d: Learn To Skate Level Completed:			
Private Lesson can be assigne	as are available during the camp sessi	on for an additional fee. Sk	aters may request a specifi	c coach or one	
Would you like	us to contact you to help make private	e lesson arrangements for	you: 🗌 Yes 📗 No		
NC	REFUNDS • Money Orders or PLEASE MAKE CHECKS			ash	
Arena as currently I/We voluntarily an sponsors or event the Mayor and the	ents sponsored by the Mayor and City of Baltimo published. I/We understand and appreciate that d knowingly recognize, accept, and assume the organizers, on ice coaches and officials, from a City of Baltimore in promotional materials incluriodically check the rink's website for updates re-	t participation or observation of ic risk, and release the Mayor and ny and all liability. Pictures and vi ding the web site. Video of my chi	te skating constitutes risk of seriou the City of Baltimore. Mt. Pleasan deos of my child (children) or mys fild or myself may be used for prom	s injury or death. t Ice Arena, elf may be used by notional purposes. I	
Name of Skate	er:				
Signature:	arent or guardian required for minors o	under the age of 19\	Date:		
signature of pa	arent or guardian required for minors t	inder the age of 18)			
Office Use Onl Check #:	y: Amount:	Date Received:	Received By:		