

 Sovereign Bank™

FAMILY SKATING CENTER
at the Newport Yachting Center

Winter Vacation Skate Camp

REGISTRATION FORM

February 15-19, 2010

Skater Name: _____ Skater Age: _____
Contact E-mail: _____
Contact Name: _____ Relationship to Participant: _____
Primary Phone: _____ Secondary Phone: _____
Address: _____

Daily Schedule:

- 8:30AM-9:15AM - Structured Lesson
- 9:15AM-9:45AM - Snack Time (*snack provided*)
- 10:00AM-10:30AM - Free Skate
- Award Ceremony - Friday, February 19th at 10:00AM

• Skate Camp **with** skate rental: \$80.00 × _____

• Skate Camp **without** skate rental: \$70.00 × _____

• Total: \$ _____ ◀ Full payment is due to reserve space.

Payment accepted in the form of check or charge.

To pay by credit card:

Credit Card Type: (Please circle one) Visa Mastercard American Express Discover

Credit Card Number: _____ Expiration Date: _____

Signature: _____

To pay by check:

Make checks payable to: Newport Yachting Center

Mail completed form, with payment, to:

Newport Yachting Center
Attn: Erica Keating
P.O. Box 550
Newport, RI 02840

Or Fax credit card payment forms only to: 401.619.4616

