

William G. Mennen Sports Arena

161 East Hanover Avenue, PO Box 1295, Morristown, NJ, 07962-1295

Phone 973.326.7651; Fax 973.829.8698

Name of skater: _____

Date of Birth: _____ Age: _____ M/F: _____

Address: _____ City: _____ Zip Code: _____

Home Phone Number: _____ Alternate Phone Number: _____

E-mail Address: _____

Please indicate last skating level passed: _____

As parent/guardian of the above-mentioned student, I hereby give my permission for my child to participate in the William G. Mennen Skating School (Spring Show).

Signature of Parent or Guardian: _____ Date: _____

Level	Fee	Total
Freestyle Skater	\$25.00	
Sr. Level Freestyle Skater (Additional Program)	\$0.00	
Duet (Cost per Skater)	\$15.00	

Total Amount: _____

Bio of Freestyle Skater (maximum 25 words): _____

Program Length: _____

Name of private lesson instructor(s): _____

Method of payment:

Cash Check (#_____) Payable to Morris County Park Commission

Charge (Visa_____/MasterCard_____/AMEX_____) _____

Credit Card Number: _____ Expiration Date: _____

Card Holder Name: _____ Card Holder Signature: _____

(Please print)

Cancellations

Classes may be combined, due to a lack of enrollment. Cancellations may occur if registration fails to meet the required number of students. If a class is cancelled, the arena will attempt to notify participants by telephone prior to the first class meeting. Students will receive a full refund for cancelled classes.

Refund Policy

A \$25.00 administrative fee will be charged for cancellation and/or refund. Refunds will not be issued after the first lesson. Processing a refund may take up to 6 weeks. Please note that the information you are providing may be available to others under public information access laws. Payments or ice time are non-transferable.