



Spring Freestyle Practice & Lesson Ice

Full Stride is sponsoring eleven weeks of afternoon freestyle practice and lesson ice on Tuesdays and Fridays and a five week program on Sunday evenings. Maximum of 20 skaters per group. Ice resurfaced at midpoint. All skaters must clear the ice at midpoint and check-in before re-entering the ice. Skaters need not take a lesson during their ice session, but all skaters must have their coach's permission to skate during these times. Skaters without a coach will not be allowed to enroll in any session. Open to any USFSA registered skater with a coach or USA Hockey registered player with a skating coach. All times at **Cairns 2**. 55 minute sessions.

Dates / Times:

Tuesday: **Group A** **Group B**
4-1 / 6-10 4:10-5:05pm 5:15-6:10pm

Friday: **Group C** **Group D**
4-4 / 6-13 4:10-5:05pm 5:15-6:10pm

Sunday: **Group E** **Group F**
5-18 / 6-15 6:30-7:25pm 7:35-8:30pm

Fees:

Tues/Fri (11 week program)

One Group = \$160 Two Groups = \$300 Three Groups = \$415 Four Groups = \$530

Sunday (5 week program)

One group = \$75 Two Groups = \$135

Drop-in Cost: \$15.00 on a space available basis, call 802-652-9010 to inquire as to availability

Send Registration & payment to Full Stride, 20 Kimball Ave, Suite 204, S. Burlington, VT 05403

For information call 802-652-9010 or 800-994-6406, online at fullstride.com

Skater's Name: _____ Date of Birth: _____ Level: _____

Address: _____

Parent/Guardian: _____ Phone: _____

Skating Club: _____ USFSA or USAH Member # _____

Coach's Name: _____

I agree to allow my child to skate during the Full Stride Freestyle ice times. I acknowledge that skating is a dangerous sport & I hereby agree to hold harmless Full Stride, its employees, subcontractors, and agents for any incident, accident, or occurrence arising from participation in this program. I agree to allow Full Stride to seek medical assistance for my child in the event of an emergency.

Parent/Guardian Signature: _____ Date: _____

Payment Type: Cash Check Visa MasterCard

Credit Card #: _____ expiration: _____ amount: _____

PLEASE CIRCLE: Group A Group B Group C Group D Group E Group F All

NEW!! ONLINE REGISTRATION AVAILABLE AT FULLSTRIDE.COM!