



**2010 FALL ICE SKATING SCHOOL
AT DWYER ARENA-NIAGARA UNIVERSITY (NU) &
Hockey Outlet Ice Complex (HO)
Donald J. Mitchell, P.S.A., Director**

**SCHEDULE FOR SEMI-PRIVATE LESSONS
September 7 – November 5 (9 week program)**

Day: Monday(NU) 5:15-5:45pm. Tuesday(HO) 4:30-5:00pm. Wednesday(NU) 6:00-6:30pm. Thursday(HO) 4:30-5:00pm. Friday(NU) 4:55-5:25pm.

Cost: \$149 (This includes the cost of the ice time for 9 weeks of a 30min. session and the cost of 9 weeks of a 15min. semi-private lesson.)

Payment Due: September 4th. (No skating on Sept. 6th and skaters will be called for a make-up.)

Semi-private lesson-consists of 1 coach and 2 students for 15 minutes, which is given during a 30 minute figure skating session. Therefore, the students can practice for 15 minutes on what they have learned. The progression of our program is from classes to semi-private lessons. The number and difficulty of the elements taught to a student is increased in this program compared to the classes. If you are absent for your semi-private lesson, the other skater will get a private lesson but you can make-up the ice time.

Please add \$10 to your payment for the registration fee. This will be valid from July 1, 2010-June 30, 2011 and is mandatory.

No refund once each session starts and no make-ups for the lesson, only the ice time. Your cancelled check will be your confirmation. For more information on practice ice, please call (716)636-7401.

Please send the completed application with check payable to:
MITCHELL'S SKATING CENTER, INC., P.O. BOX 1235, Williamsville, NY 14231.

2010 FALL SEMI-PRIVATE LESSONS APPLICATION

Skater's Name _____ Phone # _____ Parent's Email _____

ADDRESS _____ D.O.B. _____ M or F _____
ST. Town Zip

Circle Day Requested: MON. TUE. WED. THUR. or FRI.

Do you need to have a coach assigned? Yes or No

It is understood that Niagara University, Hockey Outlet, Mitchell's Skating Center, Inc., the Professional Staff or any assistants shall not be responsible for any accidents or loss of personal property on or off the ice and the right to recovery is hereby waived:

SIGNATURE _____ Date _____
(Parent or Guardian if applicant is a minor)