

# Indiana World Skating Academy

## Adult Hockey School

### NEW ADULT CLASS

### 8:00 – 9:00 AM - SATURDAYS

### STARTS MARCH 2010



**Session Dates: Saturday Mornings 8-9:00 AM**  
**March 20<sup>th</sup>, 27<sup>th</sup>, April 10<sup>th</sup>, 17<sup>th</sup>, 24<sup>th</sup>**

- Each Session is five (5) Weeks Long
- Cost \$100.00 Per Student
- Full Hockey Gear Required (Sticks but No Pucks)
- \$23.00 for each walk-on session)

Register any time during the session. \*\*\* Classes may be combined or split as needed.  
\*\*\* Refunds due to illness or injury only.

For Registration, **ALL LINES MUST BE COMPLETED AND PLEASE PRINT**

Name: (First) \_\_\_\_\_ (MI) \_\_\_\_\_ (Last) \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_ # of yrs. playing hockey \_\_\_\_\_  
email: \_\_\_\_\_ Hockey Rink League Affiliation in any: (e.g. IWSA) \_\_\_\_\_  
League Hockey coach (if applicable): \_\_\_\_\_  
How did you hear about our school? \_\_\_\_\_  
What, if any, are your goals for this session? \_\_\_\_\_  
Amount Pd.: \$ \_\_\_\_\_ Check #: \_\_\_\_\_  
Visa MC Disc. Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Name exactly as it appears on the card: \_\_\_\_\_  
Security code number: \_\_\_\_\_ (This is the 3-4 digit ID number on the back of your card)  
Billing Address if different from above: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail payment and registration to: IWSA, 201 S. Capitol Ave. #001, Indianapolis, IN 46225. For more information, visit our website: [www.IWSA.org](http://www.IWSA.org). Questions?? Please call 317-237-5565 or email Gail King at [gail.king1@comcast.net](mailto:gail.king1@comcast.net).