

<u>Clinics</u>	<u>DATES</u>	<u>Ice Time</u>	<u>Location</u>	<u># Of Weeks</u>	<u>RATE</u>			<u>Sub Total clinics (after ice)</u>
Alpha Delta Wednesday	Back in September							
<u>Moves in the Field</u> Thursday (Beta +)	Back in September							
<u>Choreography Sunday</u> \$5 per class (ages 3-7)	7/14,21,28 8/4,11,18,25	5:30 PM to 6:00 PM	Raynham Iceplex	8 weeks	\$5 weekly			
<u>Choreography Sunday</u> \$5 per class (ages 8+)	Back in September		Raynham Iceplex	8 weeks	\$5 weekly			
<u>Alpha Delta Sunday</u> \$5 per class (ages 3-7)	7/14,21,28 8/4,11,18,25	5:00pm to 5:30pm	Raynham Iceplex	8 weeks	\$5 weekly			
<u>Alpha Delta Sundays</u> \$5 per class (ages 8+)	7/14,21,28 8/4,11,18,25	5:30pm to 6:00pm	Raynham Iceplex	8 weeks	\$5 weekly			
<u>OFF -ICE Trainings</u>	<u>DATES</u>	<u>TIME</u>	<u>LOCATION</u>	<u>WEEKS</u>	<u>PRICE</u>			<u>Sub TOTAL: off ice</u>
<u>Jumping and Rotations</u> Thursday (fs 4 or lower)	Back in September	5:00PM to 5:30PM	Taunton Aleixo Arena		\$25 weekly			
<u>THEATER ON ICE PAYMENT</u>	Team month-August Tryouts \$185							
*****CLINICS AND THEATER TIMES WILL SHIFT IN SEPTEMBER *****						<i>total ice+ off ice+ clinics</i>	<i>Total Amount Due:</i>	

PAYMENTS DUE by 1st Skate Day OF Month, CASH or CHECK PAID TO: SILVER LINING SKATING

****CHECKS WITH INSUFFICIENT FUNDS SUBJECT TO \$35.00 FEE**

Parent/Guardian Signature: _____ Date: _____
