

**Indiana World Skating Academy**  
**All Seasons Hockey School**  
**Registration**  
**Winter 2010 School Schedule**



Session For Session #4:  
**March 3, 10, 17, 24, 31**  
**April 7, 14, 21 (test day)**

Each Session is Eight Weeks Long  
Cost \$110.00 Per Student  
Full Hockey Gear Required (Sticks but No Pucks)  
\*\*\* Parents Are Not Permitted On the Ice With Their Child\*\*\*

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 \_\_\_\_\_  
Parent's email: \_\_\_\_\_ Hockey Rink Affiliation: (e.g. Pepsi) \_\_\_\_\_  
Hockey coach: \_\_\_\_\_ Highest test level passed if known: \_\_\_\_\_  
Is this your first time attending our school: Yes \_\_\_ No \_\_\_  
How did you hear about our school? \_\_\_\_\_  
What, if any, are your goals for your child during 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).**