

Summer 2010 Freestyle & Clinic Coupon Books

Good from June 28, 2010– September 5, 2010

Freestyle Session Coupons Books

To be used for any of the following Freestyle sessions.

Monday–Friday

*6:50am–7:50am
7:50am–8:50am
9:20am–10:20am

**6:50 session only offered Monday, Wednesday & Thursday.*

Mon. Tues. & Thurs.

4:30pm-5:30pm
5:30pm-6:30pm

Saturday

7:20am-8:20am
8:30am-9:30am

Session & Clinic times are subject to change.
Please check the monthly Freestyle & Clinic
Calendars to confirm the correct session times.

Choose from the following Freestyle coupon packages:

Number of Coupons: Price: Package Selected:

15 Sessions	\$245.00	
30 Sessions	\$450.00	
45 Sessions	\$600.00	
60 Sessions	\$750.00	

**1 coupon is payment
for a 1 freestyle session.**

Skills Clinic Coupon Books

To be used for any of the following On-Ice or Off-Ice Skills Clinics.

Monday-Thursday: 9:00am-9:20am- On-Ice Power Skating/ Skills Clinic

Monday & Wednesday: 10:30am-11:15am- Off-Ice Training Clinic with Gale Pilla
Class includes explosive jump technique strength training, stretching & flexibility and more!

Choose from the following Clinic coupon packages:

Number of Coupons: Price: Package Selected:

10	10 On-Ice OR 5 Off-Ice	\$100.00	
20	20 On-Ice OR 10 Off-Ice	\$160.00	
30	30 On-Ice OR 15 Off-Ice	\$210.00	
45	45 On-Ice OR 23 Off-Ice	\$270.00	

**1 coupon is payment
for a 1 On-Ice clinic.
2 coupons are payment
for a 1 Off-Ice clinic.**

Skater's Name: _____

Age: _____ Coach: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Method of Payment:

(Please check appropriate method)

___ Cash ___ Check(BSA) ___ Visa

___ MasterCard ___ AM/EX ___ Discover

Credit Card Number

Exp. Date

Signature of Card Holder

Turn to back to sign disclaimer

Refund Policy

No refunds, transfers or exchanges for unused coupons, no exceptions. Refunds needed for medical reasons must be submitted with a Doctor's letter.

Once a refund has been requested processing may take two-three weeks.

IF THE DISCLAIMER IS NOT SIGNED THE SKATER WILL NOT BE ALLOWED ON THE ICE

DISCLAIMER

NAME OF PARTICIPANT (PLEASE PRINT):

I hereby give my approval for the above named applicant to participate in the Learn to Skate program. I understand that there are many risks inherent in and incidental to participation in the Learn to Skate program, and I am willing to participate (or to permit the applicant, if different than the undersigned to participate) in the Learn to Skate program. I assume all risks inherent in and incidental to such participation and I hereby release, absolve, indemnify, and hold harmless DJD Amusements LLC DBA Bridgewater Sports Arena, it's partners, officers, employees, and staff, of any claim arising out of any injury to myself or to the participant, if different than the undersigned. I hereby authorize and request DJD Amusements LLC DBA Bridgewater Sports Arena it's partners, officers, employees, and staff, to act on my behalf or the participants behalf, if different than the undersigned, according to the best judgment of the DJD Amusements LLC DBA Bridgewater Sports Arena, it's partners, officers, employees, and staff under prevailing circumstances in the event of any injury, or in the event that I am unable to act for myself or act for the participant, if different from the undersigned. I also understand that from time to time pictures may be taken in which I (or participant) may appear. I authorize DJD Amusements LLC DBA Bridgewater Sports Arena to use said pictures in public displays and/or advertising..

SIGNATURE _____

DATE _____

IN CASE OF EMERGENCY NOTIFY:

EMERGENCY PHONE NUMBER:



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Save Money on Freestyle Ice
& Clinics By Purchasing
Summer Coupon Books



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*See inside for details about
session days & times*