



2018 Summer Camp Application

(PLEASE PRINT CLEARLY)

Skater's Name _____ Age _____ Date of Birth ___/___/___ Male ___ Female ___

Parent/Guardian's Name _____

Mailing Address _____

City _____ State _____ Zip Code _____ Country _____

Phone#: Day (____) _____ Night(____) _____ Email: _____

Emergency Contact: _____

Phone#: _____ Cellular: _____

List highest test passed: MOVES: _____ FREESTYLE: _____ PAIRS: _____ DANCE: _____

Weeks Attending: ONE WEEK MINIMUM (check the box for week(s) you wish to attend)

- | | | | |
|----------------------------------|--------------------------|----------------------------------|--------------------------|
| WEEK 1: June 25 – July 1 | <input type="checkbox"/> | Week 2: July 2 – July 8 | <input type="checkbox"/> |
| WEEK 3: July 9 – July 15 | <input type="checkbox"/> | Week 4: July 16 – July 22 | <input type="checkbox"/> |
| Week 5: July 23 – July 29 | <input type="checkbox"/> | | |

Day Camp

Weekly Day Camp for \$630.00

Desert Ice Castle's expert coaches and sport science professionals have developed a complete training package for you to better benefit from your training. The Package includes the following:

- Unlimited Freestyle Sessions - **Does not include private lessons.**
- Daily on-ice group lesson
- Daily off-ice stretching & exercises
- Optional Saturday Power Skating Class at \$35.00

Daily Drop-In

\$150.00 per day

The package includes:

- Unlimited Freestyle Sessions- **Does not include private lessons.**
- Daily On-ice group lesson
- Daily Off-ice stretching & exercises
- Optional Saturday power skating class (\$35)

2018 Summer Camp Application: Continued

(PLEASE PRINT CLEARLY)

POWER SKATING CLASS: 45-minute power skating class Saturday

Number of _____ X \$35.00/day = **POWER SKATING TOTAL:** \$ _____

PRIVATE LESSONS: All lessons are **20 minutes per lesson**. Lesson fees are listed in the brochure. Payment is made directly to each individual coach upon confirmation. **Indicate your preference for coaches numerically (1, 2, 3 etc.) in the space in front of that coach.** Indicate number of weekly lessons requested in the space and number of weeks attending. **If you are requesting more than one coach place number of coaches here:** _____.

_____ *Anthony Liu: (freestyle, jump technique)	_____ lessons per week x _____ weeks
_____ *Ikaika Young: (ice dance, skating & power skills, freestyle)	_____ lessons per week x _____ weeks
_____ *Dani Li: (freestyle, choreography, spins)	_____ lessons per week x _____ weeks
_____ *Gary Kemp: (choreography, freestyle, spins)	_____ lessons per week x _____ weeks
_____ *Sofia Inthalaksa: (freestyle, choreography)	_____ lessons per week x _____ weeks
_____ *Walter Stevenson: (freestyle, jump & spin technique L&R, emotive choreography)	_____ lessons per week x _____ weeks
_____ *J. Scott Driscoll: (freestyle, moves in field, spins, choreography)	_____ lessons per week x _____ weeks
_____ *Erica Chen: (freestyle, spins, edges)	_____ lessons per week x _____ weeks
_____ *Jackie Stemmer: (freestyle, choreography, power skills, spins, jump technique; left & right)	_____ lessons per week x _____ weeks
_____ *Evelyn Kramer: (freestyle/ spin technique)	_____ lessons per week x _____ weeks

Grand Total: DUE IN FULL BEFORE ARRIVAL. NO REFUNDS OR CREDITS.

(Check off package attending)

Day Camp Package \$ 630.00

Power Skating Total \$ _____

PSP Airport \$50.00 one way \$ _____

LAX AIRPORT \$200.00 one way \$ _____

Daily Drop-In Package \$ 150.00

Power Skating Total \$ _____

PSP Airport \$50.00 one way \$ _____

LAX Airport \$200.00 one way \$ _____

Processing Fee (non-refundable) \$ 100.00

Processing Fee (non-refundable) \$ 100.00

GRAND TOTAL PAYMENT DUE IN FULL NOW \$ _____

PAYMENT INFORMATION: ALL PAYMENTS MUST BE IN U.S. FUNDS. VISA OR MASTERCARD CREDIT CARD PAYMENTS - I hereby authorize Desert Ice Castle to charge the GRAND TOTAL upon receipt of application.

Print Name of Cardholder _____ Cardholder Signature _____

Visa or Mastercard Account# _____ Exp. Date _____ / _____

Three Digit Security Code (on back of card) _____ Billing Zip Code _____

MAIL COMPLETED APPLICATION TO: Desert Ice Castle, 68-600 Perez Rd. Cathedral City, Ca 92234, USA OR FAX TO (760)324-0455.
For additional information, call (760)464-3836 or (760)324-0400, go online at deserticecastle.com, or email: dani@deserticecastle.com