



Private Lesson Request Form

All skaters will have the opportunity to work with our Master Coaches in our Seminar Group Classes. **Limited time will be available** for Private Lesson Requests. There is **No Guarantee** that all requests will be filled. To accommodate requests with Guest Coaches **semiprivate lessons may be scheduled**.

The fee indicated is for a 20-minute private session. Coaches are scheduled on a first-come, first-serve basis. Payment for Private Lessons is due at registration upon arrival. Please keep a copy of this form for your records.


Skater: _____

Week 1 • June 10-16, 2012


<u>Coach</u>	Indicate # of lessons per week desired	<u>Cost per Lesson</u>
Paul Wylie (M-W)	_____ Limited to 2	\$45
Phillip Mills (M-Sat)	_____ Limited to 5	\$45
Diana Ronayne (M-Sat)	_____ Limited to 5	\$40
Tom Hickey (M-Sat)	_____ Limited to 5	\$38
Rebecca Dever (M-Sat)	_____ Limited to 5	\$36
Aidas Rekllys (M-Sat)	_____ Limited to 5	\$36
Michelle Mills (M-Sat)*	_____ Limited to 5	\$25

*available for program enhancement

WEEK 2 • June 17-23, 2012

<u>Coach</u>	Indicate # of lessons per week desired	<u>Cost per Lesson</u>
 Pasquale Camerlengo (M-W)	_____ Limited to 3	\$45
Chris Conte (M-W)	_____ Limited to 3	\$45
Diana Ronayne (M-Sat)	_____ Limited to 5	\$40
Tom Hickey (M-Sat)	_____ Limited to 5	\$38
Rebecca Dever (M-Sat)	_____ Limited to 5	\$36
Aidas Rekllys (M-Sat)	_____ Limited to 5	\$36

WEEK 3 • June 24-30, 2012

<u>Coach</u>	Indicate # of lessons per week desired	<u>Cost per Lesson</u>
 Thomas Amon (M-Sat)	_____ Limited to 5	\$40
Caryn Kadavy (M-Sat)	_____ Limited to 5	\$40
Diana Ronayne (M-Sat)	_____ Limited to 5	\$40
Tom Hickey (M-Sat)	_____ Limited to 5	\$38
Rebecca Dever (M-Sat)	_____ Limited to 5	\$36
Aidas Rekllys (M-Sat)	_____ Limited to 5	\$36

Private Lesson Request Form

Mail To:

Diana Ronayne
Shattuck-St. Mary's School
P.O. Box 218
Faribault, MN 55021

Fax To:

To submit this registration via fax:
1-507-333-1683

Questions?

If you have questions, contact us at
1-507-333-1563 or 1-800-617-8468
E-mail: dronayne@s-sm.org

Visit us on the web: www.s-sm.org



Summer 2012 Registration Form

Mail To:
Diana Ronayne
Shattuck-St. Mary's School
P.O. Box 218
Faribault, MN 55021

Fax To:
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REGISTRATION FORM • 2012 (Please type or print)

Name of student _____ Date of Birth _____ Female Male
HIGHEST TEST PASSED - USFS: Freeskat: _____ MIF: _____ ISI: _____ Highest Jump Consistently Landed: _____

Name of parent(s) or legal guardian _____

Address: Street: _____ City: _____ State: _____ Zip: _____

Home Telephone () _____ Cell phone () _____

E-mail _____

Roommate request: _____

***Free Camp T-shirt per Enrolled Skater**

I am registering for: (please check all that apply)

June 10 - 16 June 17 - 23 June 24 - 30

Camp T-Shirt Orders:

Size Request: Child S M LG
 (please circle one) Adult S M LG

**Please note: Girls are fitted t-shirts
 1 FREE t-shirt per enrolled skater.
 Additional T-shirts are \$15 ea.**

Program Fees

- Weekly Program with Boarding: Sun. Dinner thru Sat. Breakfast(# of weeks attending)
- Weekly Day Program with Meals: Sun. Dinner thru Sat. Breakfast(# of weeks attending)
- Saturday Night Stayover: Sat. Lunch, Lodging thru Sun. Lunch(# of weekends)
- Ropes Course: Saturday morning
- Additional Camp T-Shirts: (See info in yellow box to the right)

Include sizes of additional T-Shirts

	(Before March 31, 2012)	(After April 1, 2012)
<input type="checkbox"/> Weekly Program with Boarding	___ X \$845 = _____	___ X \$895 = _____
<input type="checkbox"/> Weekly Day Program with Meals	___ X \$545 = _____	___ X \$595 = _____
<input type="checkbox"/> Saturday Night Stayover	___ X \$70 = _____	___ X \$80 = _____
<input type="checkbox"/> Ropes Course	___ X \$30 = _____	___ X \$30 = _____
<input type="checkbox"/> Additional Camp T-Shirts	___ X \$15 = _____	___ X \$15 = _____
Total	_____	_____

Note: The following section is to be completed by a parent or guardian.

Parental Release – I release all employees of the Shattuck-St. Mary's School and any other party involved in the organization and administration to and from the site. I hereby declare that the participant is in good physical health, and, in case of emergency, I grant permission for me or my child to receive medical treatment at a local hospital. We will abide by all Facility Rules and Regulations. By signing this form, I hereby accept all responsibility and assume all costs that might be incurred in the event of an injury or accident. I agree that I will not receive payment refund for any circumstances with the exception of a medical emergency. All cancellations must be received prior to the first week of the start of the program to qualify for refund of fee, less any non-refundable deposits. Failure to meet this deadline means forfeiture of all payments. Parents/Guardians agree to promotional use of the email address and photos taken of participants, children or adults, during activities associated with any Shattuck-St. Mary's School functions and/or activities.

Parent/Guardian Signature: _____ Date Signed: _____

Payment Information: Check Visa MasterCard Wire Transfer Discover

Charge \$200.00 non refundable deposit. Charge full amount.

Balance on your account will be charged by May 18, 2012 unless otherwise notified.

Name on Credit Card _____ Credit Card # _____ Exp. Date _____

CVC# on Credit Card _____

Signature _____ Date _____

Please be sure this application is complete and mail it with the \$200 non-refundable registration deposit.
 Payable to Shattuck-St. Mary's School, by 5/19/2012. After 5/19/2012 add late fee of \$100.