Join the fun!

In this packet you will find the information you need to register for the GGBFSC Winter Skating Camp. Registrations will be accepted now through March 1, 2023. We will do our best to accommodate your requests. Requests are honored on a first come first served basis.

If you have any questions, please contact;

Sarah Schoen

Phone: 920-819-9308

Email: dssg1215@gmail.com

Test Session This test session has a GOLD/Senior panel for Moves, Free Skate, Solo Pattern Dance, Partnered Pattern Dance and Solo Free Dance. Skaters who are testing at our March 5th test session will have priority in assignment for partner practice ice. Please note partner testing fees are NOT included in the camp fees. You will be responsible for paying any dance partner testing fees on your first day of camp.

Registration will close on Monday, March 1, 2023. Test session registration may close early if session fills.



Winter Skating Camp

March 3 - 4, 2023

Test Session

March 5, 2023



Cornerstone Community Center Rink 1 1640 Fernando Drive De Pere, WI 54115

2023 GGBFSC Winter Camp Guest Coaches

Alex Gamelin

Alex partners all levels of dance, preliminary through international's

Available All Sessions Rate: \$25 / 15 minutes (Prelim-Silver)

\$30 / 15 Minutes (PreGold-Gold)

\$35 / 15 Minutes (International)

Joe Buckland

Joe partners all levels of dance, preliminary through international's

Available All Sessions

Rate: \$25 / 15 minutes (Prelim-Silver)

\$30 / 15 Minutes (PreGold-Gold)

\$35 / 15 Minutes (International)

Brandon Mroz

Jump, spins and skating skills technician

Available All Sessions

Rate: \$25 / 15 minutes

Marcie Kierpiec

All levels of moves, dance and P.O.W.E.R Hockey

Friday 12:00—8:15 pm

Saturday All Sessions

Rate: \$25 / 15 minutes

Coach	15 Minute Lesson Fee	Coaching Abilities	Availability
Brittyni Carlson	\$17.00	Coaches through Senior Moves, Senior Freestyle, Gold Dance & Choreography.	All Sessions
Kourtney Hyland	\$16.00	Coaches through Senior Moves, Intermediate Freestyle & International Dance .	Friday 1:00 pm—8:15 pm Saturday All Session
Heather Flannery	\$11.00	Coaches through Senior Moves, Senior Freestyle, Gold Dance & Choreography.	Friday 12:00pm—8:15pm Saturday 10:00am—8:15 pm
Leah Johnson	\$10.50	Coaches through Senior Moves, Senior freestyle, Gold Dance & Choreography.	Friday 9:00 am—7:00 pm Saturday 9:00 am—7:00 pm
Molly Kelly	\$10.00	Coaches through Senior Moves, Senior freestyle & Gold Dance.	Friday 5:00pm—8:15pm Saturday 10:30am—3:00 pm
Emily Klarkowski	\$7.00	Coaches through Senior Moves, Gold Dance and Basic Freestyle.	Friday 4:00—5:00pm Saturday 9:00—10:30 am

Name:	USFS #:
Contact phone:	email:
Address:	

Place coach's name in desired session boxes — Indicate the number of lessons you would like in that session with the coach named. You may have lessons with more than one coach in a session. Coaches time slots and fees are for 15 minute increments. For sessions with no coach, write in "ICE". Requests are honored on a first come first served basis.

Time	Friday, March 3	Saturday, March 4
8:00—8:45		
8:45—9:30		
9:30—10:15		
10:15—10:30	Ice Resurface	
10:30—11:15		
11:15—12:00		
12:00—12:45		
12:45—1:00	Ice Resurface/Lunch	
1:00—1:45		
1:45—2:30		
2:30—3:15		
3:15—3:30	Ice Resurface	
3:30—4:15		
4:15—5:00		
5:00—5:45		
5:45-6:00	Ice Resurface/Dinner	
6:00—6:45		
6:45—7:30		
7:30—8:15		



Camp Ice Fees

Ice Fee \$14.00 per 45 minute session
Unlimited sessions \$200
Walk on Sessions \$17.00 each

Description	Quantity	Price	Total
Total Ice Sessions			
Registration Fee			\$40.00
Total Due			
Amount Included			
Balance Due			

Please pay coaches their fees directly. Payment must be made at the start of your reserved coaching time.

Make checks payable to:

Greater Green Bay Figure Skating Club (GGBFSC)

Mail to:

Sarah Schoen 2040 Labyrinth Lane De Pere, WI 54115

Name:		USFS #:	Greater Green Bay Figure Skating Club
50% of ALL ICE & R	EGISTRATION FEES must b	e submitted with this application,	Figure Skatting Club
	MUST be paid in full before		Home Club:
		until March 1, 2023. Cancelations after March 1,	
2023 are only refundable with a written doctors excuse provided to the club prior to the end of the camp.			Highest Test Passed:
Pa	rental Consent and Waiver of	Responsibility	Freestyle:
In consideration of the acce	ptance of	as a student at the GGBFSC Winter Skating	Moves:
		to assume the risks of participating in the program ge to property and herby release the Greater Green	Pattern Dance:
Bay Figure Skating Club staf	f, volunteers, and agents form any li	ability whatsoever, which may arise as a result of par-	Free Dance:
nature and however sustain staff or volunteers. All risks assumed by the student and	ation in the GGBSC Winter Skating Camp. This release shall extend to all future damages and injuries of every re and however sustained, even if due to the negligence or alleged negligence of the GGBSC Skating Club or their or volunteers. All risks entailed to the observing and/or participating the GGBFSC Winter Skating Camp are herby med by the student and his or her parents and/or guardian and the assumption and release are acknowledged approved by their signature hereto.		If your skater is testing dance, do you have a preference on the dance partner?
	re Skating Club reserves the right to he best interest of either the studer	terminate the stay of any student, without refund, at or GGBFSC.	(Alex Gamelin or Joe Buckland)
GGBFSC reserves the right t	o use any pictures taken during the	camp for advertising and/or instructional purposes.	Choice of dance partner will be assigned on a first come first serve basis.
and conditions stated. I fur		vard and herby do approve and consent to the terms or legal guarding of the signed applicant that the infor-	
Skater Signature	Date	Parent/Guardian Signature	Club Use Only: Date Received: Total Amount Received: \$

Balance due \$_____

Name:	USFS =	Greater Green Bay Figure Skating Club	
hospital or emergency treatmen	by authorize any physician and/or any m nt center to render medical treatment. d, which in his or her judgement may b	Parents/ Guardians are responsible	
Name of Skater:		Date of Birth:	
Physician's Name	Physician's Phone Number	Allergies	
Medicines Currently Taking	Outstand		
Insurance Company	Policy Number	Name of Subscriber	
Emergency Contact		Phone Number	

Date

Parent/Guardian Signature

Date

Skater Signature