



World Arena Skating Academy Guest Registration Form

Name: _____

Address: _____

Phone Number: _____

E-mail Address: _____

Level: _____

Dates attending WASA: _____

Primary Coach(Home): _____(CSWA)_____

Emergency Contact: _____

Signature of the Participant: _____

Parent/Guardian Signature (if under 18): _____

ABSOLUTELY NO CASH! Make check or money order payable and mail to:

World Arena Skating Academy, Inc.

6510 A South Academy Blvd.

Colorado Springs, CO 80906