



2010 EVENT SCHEDULE

June 21-25: Pluskateboarding Skate Camp

June 26: Thrive Festival and Skateboard Competition (12 - 10 pm)

July 28-July 2: Pluskateboarding Skate Camp

July 19-23: Pluskateboarding Skate Camp

August 9-13: Pluskateboarding Skate Camp

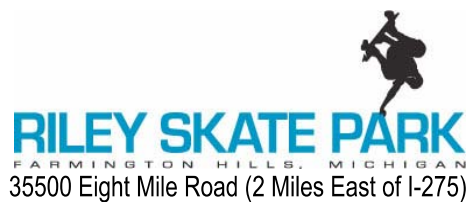
Sept 25: Fall Classic Skateboard Competition

*Skateboard Competition is designed to be a Regional Competition that will draw amateur skateboarders from Michigan and the Midwest States

Throughout the summer of 2010, be on the lookout for demos and special visitors in the skateboard industry

FOR MORE INFORMATION VISIT WWW.RILEYSKATEPARK.COM

Or Call 248-473-1800





SKATE



CAMPS

Designed for beginner and intermediate skateboarders. Learn all aspects of skateboarding including board set-up, safety tips, history of skateboarding and skateboard graphic design. Participants will be taught based on their own individual skill level. Rain or shine. Each participant receives a skateboard deck to custom design (value \$55), diploma, limited edition PLUSkateboarding/Riley Skate Park T-shirt, sticker pack, and more. Each student must provide their own skateboard, helmet and a lunch each day. Extended care is available. For more information, call 248-426-0899. Register @ the Costick Center.

Ages: 5 +

Site: Riley Skate Park @ Founders Sports Park

Day(s)	Date(s)	Time	Class #
Mon-Fri	Jun 21-25	9 am-3pm	316032-01
Mon-Fri	Jun 28-Jul 2	9am-3pm	316032-02
Mon-Fri	Jul 19-23	9 am-3pm	316032-03
Mon-Fri	Aug 9-13	9 am-3pm	316032-04

Fee: \$195 Res/\$205 NR (per week)

Registration Deadline: 2 weeks prior to start of camp

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September 25
Fall Classic Skateboard Competition
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✂-----REGISTRATION FORM-----✂

HOUSEHOLD/PRIMARY ADULT CONTACT:

Resident Non-resident

Last Name: _____ First Name: _____ E-mail: _____

Address: _____ City: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____ Emergency Phone: () _____

Last Name	First Name	DOB	Grade	Gender	Class #	Activity Name	Fee
1.							

Visa MasterCard Expiration Date: Mo ___ Year ___ Card Number: _____

Authorized Signature: _____

By accepting my registration in the above programs, I hereby understand that I release my rights or claims for damages that I may have against the City of Farmington Hills through which this program is conducted or its instructors or City staff. I will also adhere to the refund policy. For more information, visit www.fhgov.com or call 248-473-1800 Monday through Friday, from 8:30 am to 4:30 pm. FAX: 248-473-1801.

Date: _____ Participants Signature: _____ (Guardian signature for minors)

Make checks payable to Farmington Hills Special Services and mail to: Registration, Farmington Hills Special Services, 28600 Eleven Mile Road, Farmington Hills, MI 48336. CHECK OR MONEY ORDER MUST EQUAL EXACT AMOUNT OF THIS REGISTRATION.



The City of Farmington Hills welcomes individuals with disabilities into programs. Please describe any accommodations needed for successful inclusion in the program(s). _____