

PRACTICE ICE RESERVATION FORM

2005 EDITH SCHOENROCK INTERNATIONAL COMPETITION
PORT HURON FIGURE SKATING CLUB

Skater's Name _____ Level _____ Low/High
(circle one)

Address _____ Phone _____

_____ Work/cell phone _____
(for message)

E-mail _____

Register me for session letter(s): First choices _____

Back up choices _____

Total number of sessions _____ X \$8.00 per session = \$ _____ Total enclosed

_____ I understand that practice ice sessions are filled on a first come basis and I have checked the level requirements. If my first choice sessions are filled, place me in my back up sessions. I understand I will be notified by e-mail/phone if first choices are unavailable.

Signature _____ Date _____

Please record requested sessions on the schedule for future reference or keep copy of this form.