

**ALBERT VIVIANI MEMORIAL COMPETITION
PRACTICE ICE FORM
(PLEASE PRINT CLEARLY)**

NAME _____

SKATERS NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____

EMAIL _____

SKATING LEVEL _____

CLUB _____

Please place an (X) next to the desired session.

Each session is 25 minutes, and there will be no music.

**Pre-paid ice is \$10.00 per session, due by Thursday, September 4th,
Drop-In \$12.00 per session.**

Make check payable to WFSC

Saturday, September 6 th 7:00 a.m. – 7:25 a.m.
Saturday, September 6 th 7:25 a.m. – 7:50 a.m.
Sunday, September 7 th 7:30 a.m. – 7:55 a.m.
Sunday, September 7 th 7:55 a.m. – 8:20 a.m.

If you would like email confirmation of practice ice, please check the box.

☐

Please mail form to:

**Mary Moss
6565 Kolb
Allen Park, MI 48101-2313**

If you have any questions, you can reach me by email or telephone.

WYANDOTTESKATER@MSN.COM

**313-567-8770 (Work 8:00 a.m. – 4:30 p.m.)
313-433-9772**