

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

SKATER _____

PARENT _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____

EMAIL _____

SKATING LEVEL _____

CLUB _____

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

Each session is 30 minutes, and there will be no music.

Pre-paid ice is \$12.00 per session, due by Tuesday, September 7th,
Drop-In \$14.00 per session.

Make check payable to WFSC

Saturday, September 11 th 7:00 a.m. – 7:30 a.m.
Saturday, September 11 th 7:30 a.m. – 8:00 a.m.
Saturday, September 11 th 8:00 a.m. – 8:30 a.m.
Sunday, September 12 th 7:00 a.m. – 7:30 a.m.
Sunday, September 12 th 7:30 a.m. – 8:00 a.m.
Sunday, September 12 th 8:00 a.m. – 8:30 a.m.

Please mail form to:
Sandy Sikorski
Practice Ice Registration
8441 Park Avenue
Allen Park, MI 48101

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

slsikorski13@hotmail.com
313-383-5100