

Ensemble/Theater Team Entry

Team Name _____

Home Rink _____ Rink Phone # _____

Coach _____ Phone # _____

Email _____

Entry Fee

\$20 per team plus \$10.00 per skater **Entry Total: \$** _____

Please circle: Ensemble Theater Team

Name	Age	USFS #	Name	Age	USFS #
1.			21.		
2.			22.		
3.			23.		
4.			24.		
5.			25.		
6.			26.		
7.			27.		
8.			28.		
9.			29.		
10.			30.		
11.			31.		
12.			32.		
13.			33.		
14.			34.		
15.			35.		
16.			36.		
17.			37.		
18.			48.		
19.			39.		
20.			40.		

******* All entries are due by March 21, 2016******* Please make check payable to: Richmond Ice Zone

Credit Card # _____ Exp. Date _____

Name on Card _____ Signature _____

Mail Entries to: Richmond Ice Zone 636 Johnston Willis Dr. N Chesterfield, VA 23236 Attn: Gaby Corcoran