

Month: _____

MORNING ICE CONTRACT

Name of Skater _____ Phone _____ Age _____

Address _____ City _____ Zip _____

Parent's Name _____ Coach's Name _____

Emergency Contact _____ Phone _____

Morning Hours: Please DATE & CIRCLE – below the desired dates and times you will be skating:

Monday _____	Tuesday _____	Wednesday _____	Thursday _____
6:00-6:50 a.m.	6:00-6:50 a.m.	6:00-6:50 a.m.	6:00-6:50 a.m.
7:00-7:50 a.m.	7:00-7:50 a.m.	7:00-7:50 a.m.	7:00-7:50 a.m.
8:00-8:50 a.m.	8:00-8:50 a.m.	8:00-8:50 a.m.	8:00-8:50 a.m.

Monday _____	Tuesday _____	Wednesday _____	Thursday _____
6:00-6:50 a.m.	6:00-6:50 a.m.	6:00-6:50 a.m.	6:00-6:50 a.m.
7:00-7:50 a.m.	7:00-7:50 a.m.	7:00-7:50 a.m.	7:00-7:50 a.m.
8:00-8:50 a.m.	8:00-8:50 a.m.	8:00-8:50 a.m.	8:00-8:50 a.m.

Monday _____	Tuesday _____	Wednesday _____	Thursday _____
6:00-6:50 a.m.	6:00-6:50 a.m.	6:00-6:50 a.m.	6:00-6:50 a.m.
7:00-7:50 a.m.	7:00-7:50 a.m.	7:00-7:50 a.m.	7:00-7:50 a.m.
8:00-8:50 a.m.	8:00-8:50 a.m.	8:00-8:50 a.m.	8:00-8:50 a.m.

Monday _____	Tuesday _____	Wednesday _____	Thursday _____
6:00-6:50 a.m.	6:00-6:50 a.m.	6:00-6:50 a.m.	6:00-6:50 a.m.
7:00-7:50 a.m.	7:00-7:50 a.m.	7:00-7:50 a.m.	7:00-7:50 a.m.
8:00-8:50 a.m.	8:00-8:50 a.m.	8:00-8:50 a.m.	8:00-8:50 a.m.

Monday _____	Tuesday _____	Wednesday _____	Thursday _____
6:00-6:50 a.m.	6:00-6:50 a.m.	6:00-6:50 a.m.	6:00-6:50 a.m.
7:00-7:50 a.m.	7:00-7:50 a.m.	7:00-7:50 a.m.	7:00-7:50 a.m.
8:00-8:50 a.m.	8:00-8:50 a.m.	8:00-8:50 a.m.	8:00-8:50 a.m.

Pre-Registration:

Total hours skated _____ in month x \$12.00 = _____

Drop-In: \$15/session

DISC Contract and Policies

1. The number of skaters that can be allowed on the ice is limited.
2. The entire hour of ice must be paid for in full, whether or not the full hour is skated.
3. Skater will not be allowed on the ice unless payment is made. Contract ice must be done prior to skating. All others will be done at the drop-in rate of \$15.
4. No refunds will be given. Skater credits will be made if the skater is unable to practice due to illness.

Month: _____

AFTERNOON ICE CONTRACT

Name of Skater _____ Phone _____ Age _____

Address _____ City _____ Zip _____

Parent's Name _____ Coach's Name _____

Emergency Contact _____ Phone _____

Afternoon Hours: **Please DATE & CIRCLE** – below the desired dates and times you will be skating:

Monday _____	Tuesday _____	Wednesday _____	Thursday _____
3:00-3:50 p.m.	3:00-3:50 p.m.	3:00-3:50 p.m.	3:00-3:50 p.m.
3:30-4:20 p.m.		4:00-4:50 p.m.	
4:30-5:20 p.m.			

Monday _____	Tuesday _____	Wednesday _____	Thursday _____
3:00-3:50 p.m.	3:00-3:50 p.m.	3:00-3:50 p.m.	3:00-3:50 p.m.
3:30-4:20 p.m.		4:00-4:50 p.m.	
4:30-5:20 p.m.			

Monday _____	Tuesday _____	Wednesday _____	Thursday _____
3:00-3:50 p.m.	3:00-3:50 p.m.	3:00-3:50 p.m.	3:00-3:50 p.m.
3:30-4:20 p.m.		4:00-4:50 p.m.	
4:30-5:20 p.m.			

Monday _____	Tuesday _____	Wednesday _____	Thursday _____
3:00-3:50 p.m.	3:00-3:50 p.m.	3:00-3:50 p.m.	3:00-3:50 p.m.
3:30-4:20 p.m.		4:00-4:50 p.m.	
4:30-5:20 p.m.			

Monday _____	Tuesday _____	Wednesday _____	Thursday _____
3:00-3:50 p.m.	3:00-3:50 p.m.	3:00-3:50 p.m.	3:00-3:50 p.m.
3:30-4:20 p.m.		4:00-4:50 p.m.	
4:30-5:20 p.m.			

Pre-Registration:

Total hours skated _____ in month x \$12.00 = _____

Drop-In: \$15/session

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