

# SUMMER ICE SCHEDULE

**CHOOSE ANY COMBINATION OF CLASSES BELOW. PLEASE "X" DESIRED CLASS SESSIONS.**

TIME	SESSION	MONDAY	TUESDAY	WEDNESDAY	THURSDAY
6:10 - 7:00 AM	GENERAL FREESTYLE				
7:00 - 7:50 AM	GENERAL FREESTYLE				
8:00 - 8:30 AM	HIGH POWER	FREESTYLE HOCKEY 10 & UP	FREESTYLE HOCKEY 10 & UP	FREESTYLE HOCKEY 10 & UP	FREESTYLE HOCKEY 10 & UP
8:40 - 9:30 AM	GENERAL FREESTYLE				
9:30 - 10:20 AM	GENERAL FREESTYLE				
10:30 - 11:20 AM	GENERAL FREESTYLE				
11:20 - 11:50 AM	LOW POWER		BASIC 1-6/HOCKEY 9 & UNDER		BASIC 1-6/HOCKEY 9 & UNDER

## STICKS & PUCKS

TIME	SESSION	THURSDAY
12:00 - 12:40 PM	6U, 8U & 10U	
12:40 - 1:20 PM	12U & 14U	

**June 20 through August 18, 2022**

Circle weeks desired: 6/20 6/27 7/5 7/11 7/18 7/25 8/1 8/8 8/15

**Drop - In: \$15.00/session**  
**Pre-Registration: \$12.00/session**

$$\begin{array}{cccccc}
 \underline{\hspace{2cm}} & \times & \underline{\hspace{2cm}} & = & \underline{\hspace{2cm}} & \times & \underline{\hspace{2cm}} & = & \underline{\hspace{2cm}} \\
 \text{\# of sessions/week} & & \text{Price/session} & & \text{Amount/week} & & \text{\# of weeks} & & \text{Total Due}
 \end{array}$$

**Name of Skater:** \_\_\_\_\_



# SUMMER ICE APPLICATION

DEARBORN ICE SKATING CENTER  
14900 FORD ROAD, DEARBORN, MI 48126  
PHONE: (313) 943-4098 \* FAX: (313) 943-3804  
[WWW.DEARBORNICESKATINGCENTER.COM](http://WWW.DEARBORNICESKATINGCENTER.COM)

Name of Skater: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Freestyle Level: \_\_\_\_\_ MIF Level: \_\_\_\_\_

Coach's Name: \_\_\_\_\_ Coach's Phone #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

## DISC SUMMER ICE INFORMATION

1. If you DO NOT pre-pay for ice, you will be charged the drop-in rate.
2. A 50% deposit is required with your application.
3. The balance, or payment arrangement must be made by Monday, June 20, 2022.
4. Any session without a minimum of five skaters will be subject to cancellation.
5. Any changes and/or credits made to your scheduled contract, must be approved by Terri.
6. The DISC will be closed on Monday, July 4, 2022.
7. One USFSA testing will be offered during the summer session; date to be announced.  
(If ice time is affected, a credit will be issued.)

*I have contracted with the Dearborn Ice Skating Center for summer ice in the amount of \$\_\_\_\_\_. A 50% deposit is due with this application by Monday, June 20, 2022.*

*I understand that my contract is **non-refundable**.*

***Skaters MUST check in at the front desk before going on the ice.***

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## FOR OFFICE USE ONLY

HOUSEHOLD #: \_\_\_\_\_

TOTAL DUE: \_\_\_\_\_

DEPOSIT PAID: \_\_\_\_\_

BALANCE: \_\_\_\_\_

RCPT #: \_\_\_\_\_

RCPT #: \_\_\_\_\_

RCPT #: \_\_\_\_\_