

# 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
11:20 - 12:10 PM	GENERAL FREESTYLE				

## STICKS & PUCKS

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

**June 21 through August 19, 2021**

Circle weeks desired: 6/21 6/28 7/5 7/12 7/19 7/26 8/2 8/9 8/16

**Drop - In: \$12.00/session**  
**Pre-Registration: \$10.00/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. A 50% deposit is required with your application.
2. The balance, or payment arrangement must be made by Monday, June 21, 2021.
3. Any session without a minimum of five skaters will be subject to cancellation.
4. Any changes and/or credits made to your scheduled contract, must be approved by Terri.
5. 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 21, 2021.*

*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 #: \_\_\_\_\_