

Practice Ice Registration Form

Charter Oak FSC has practice ice available on Saturday, August 7. The International Skating Center of Connecticut (ISCC) will offer Freestyle Sessions on Friday Aug 6. Please refer to the ISCC website (www.ISCCskate.com) for the Freestyle Session schedule. The ISCC sessions are first-come, first-served and cannot be reserved. First preference on these sessions goes to skaters enrolled in the ISCC Summer Camp.

COFSC PRACTICE ICE RESERVATION POLICY:

Space is limited to 20 skaters on each session and spots will be reserved on a first-paid, first-reserved basis.

TO ENROLL:

We do not take phone reservations. The quickest way to enroll is by filling out this form with credit card information and faxing it to (860)651-4306. If you mail the form, it must be received with payment no later than Thursday, August 5th. Mail the form to *Charter Oak FSC*, PO Box 253, Simsbury, CT 06070 Charter Oak FSC is able to accept cash, check, credit card and money orders.

COST:

Each practice session is 25 minutes in length at a cost of \$20 pre-registered before 10:00pm 7/5/2010 or \$25 at the door. If the sessions you have chosen are full, we will contact you with other available sessions. Walk-On's are allowed, space permitting, and will be sold beginning at the registration table on 8/6/10.

Please circle the practice ice sessions you would like to reserve:

	DAY	RINK	TIME
Session 1	Saturday, August 7 th	OLYMPIC	7:25 – 7:50AM
Session 2	Saturday, August 7 th	OLYMPIC	7:50 – 8:15AM
Session 3	Saturday, August 7 th	NHL	8:00 - 8:25AM
Session 4	Saturday, August 7 th	NHL	8:25 - 8:50AM
Session 5	Saturday, August 7 th	NHL	12:00 – 12:25PM
Session 6	Saturday, August 7 th	NHL	12:25 – 12:50PM
Session 7	Sunday, August 8 th	OLYMPIC	7:50 – 8:15AM
Session 8	Sunday, August 8 th	OLYMPIC	8:15 – 8:45AM

SKATER'S NAME: _____ CONTACT NAME: _____

CONTACT EMAIL: _____ CONTACT PHONE #: _____

of sessions _____ x \$20 = TOTAL PAYMENT AMOUNT \$ _____

You can Fax Forms to (860) 651-4306

NOTE: Your space cannot be reserved until payment is received.

CREDIT CARD PAYMENT:

Please circle card type: AMX, DISC, VISA, MC

Card Number: _____ Exp Date: _____ Security Code: _____

Name on Card: _____ Billing Address: _____

City: _____ State: _____ Zip: _____

Contact: competition@charterroakfsc.com with any questions.

Office Use Only: Date Rec'd: _____ Amount: _____ Payment Method#: _____ Ck#: _____ Session Res'd: _____