



Silver Streaks Skating Club

P.O. Box 4184

Peabody, Ma 01961

ICE SCHEDULE 2009-2010

Skaters Name: _____ USFS# _____

Address: _____
street city state zip code

Phone # _____ email _____

Any member that pre-registers for 2 or more sessions per week will be given a discount of \$1.00/per session. This discount will be adjusted in your monthly bill.
Member walk-on fee will be \$17.00/session.

Please check the session(s) contracting.

Member Contract Price

Sunday Open Freestyle
4:50 - 5:40 pm \$15.00 _____

Tuesday Open Freestyle
3:15 - 4:10 pm \$15.00 _____
4:10 - 5:05 pm \$15.00 _____

Friday Open Freestyle
3:15 - 4:10 pm \$15.00 _____
4:10 - 5:05 pm \$15.00 _____

Check for billing from September to April in eight equal payments _____

Check if payment in full is included with this contract _____

Three sick or injury makeup slips will only be issued when a request is made via telephone to the Head Proctor **prior** to the start of the session; in addition, three general makeup slips will be issued when requested in writing with seven days notice to the Head Proctor. **No** makeup slips will be issued after the session has gone by.

This is a binding contract for ice in accordance with the USFS Guidelines. Contracting party is responsible for the total annual ice contract fee.

Please return with a \$100.00 deposit for the session(s) reserved.
All invoices must be paid within 30 days of billing, or the skater will not be allowed to take the ice. There will be a \$25.00 fee to make any permanent changes for a contracted session.

Parents Signature: _____

Date: _____