

2005 Peach Classic Practice Ice Reservation Form



Name: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

Home Club: _____ U.S. Figure Skating #: _____

Professional's Name: _____ Phone: (____) _____

Pair/Dance Partner's Name: _____

Local (Atlanta) Accommodations: _____

Your Approximate Arrival Date and Time: _____

Email Address: _____ Age Class (circle one): Young Adult I II III IV

Events Entered: _____

Preferences for Practice Ice: _____

*** Preferences will try to be accommodated but not guaranteed. Moving practice sessions is at the discretion of the ice monitor or practice ice chairperson. ***

Official Practice Ice will be available to all competitors September 2-4. There may be practice ice available at other times to be determined. All practice ice sessions will be 30 minutes long.

Pre-paid rate per practice sessions is \$10.00. Walk-on rate \$12.00.

_____ Sessions @ \$10.00 Total Enclosed = \$ _____

Please DO NOT mail this form with your Competition Entry Form.
Must be Postmarked by July 21, 2005 .

Please make check payable to Georgia Figure Skating Club and mail to:

Marianne Campbell
2352 Hollyridge Drive
Marietta, GA 30060

For questions concerning practice ice, you may e-mail PracticeIce@gafsc.org or call Marianne Campbell at 678-467-4246. **All long-distance calls will be returned collect.** Practice ice time confirmation will be sent via email.

*** There will be a \$25.00 fee for checks returned for NSF. ***