



## 2005 Peach Open Practice Ice Reservation Form

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Club: \_\_\_\_\_ U.S. Figure Skating #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Professional's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Pair/Dance Partner's Name: \_\_\_\_\_

Local (Atlanta) Accommodations: \_\_\_\_\_

Your Approximate Arrival Date and Time: \_\_\_\_\_

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 August 31– September 2. 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 15, 2005 .**

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](mailto: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. \*\*\*