



2007 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 30– September 1. 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 \$12.00. Walk-on rate \$15.00.

_____ Sessions @ \$12.00 Total Enclosed = \$ _____

Please DO NOT mail this form with your Competition Entry Form.
Must be Postmarked by July 15, 2007.

Please make checks payable to: Georgia Figure Skating Club
and mail to: Katie Smith
201 Winterbury Drive
Canton, GA 30114

For questions concerning practice ice, you may e-mail katieanddustin@gmail.com or call Katie at 678-493-9588 . 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. ***