



2009 Peach Open Practice Ice Reservation Form

Name: _____ Phone: (____) _____

E-mail address: _____ Parent/Guardian: _____

Home club: _____ USFSA #: _____

Coach's name: _____ Phone: (____) _____

Coach's e-mail: _____

Local Accommodations: _____

Approximate Arrival Day/Time: _____

Preferences: _____

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

CIRCLE the Events you are Entering				
FREESKATE			COMP. TEST	SHOWCASE
No-Test A	Juvenile Short	Intermediate Short	Pre-Preliminary Test	No-Test
No-Test B	Juvenile Free	Intermediate Free	Preliminary Test	Pre-Preliminary
Pre-Pre A	Open Juvenile Short	Novice Short	Pre-Juvenile Test	Preliminary
Pre-Pre B	Open Juvenile Free	Novice Free	Juvenile Test	Pre-Juvenile
Preliminary		Junior Short	Intermediate Test	
Pre-Juvenile		Junior Free	Novice Test	
		Senior Short	Junior/Senior Test	
		Senior Free		
SPINS		COMP. MOVES	JUMPS	
No-Test	Intermediate	No-Test	No-Test	Intermediate
Pre-Preliminary	Novice	Pre-Preliminary	Pre-Preliminary	Novice
Preliminary	Junior	Preliminary	Preliminary	Junior
Pre-Juvenile	Senior	Pre-Juvenile	Pre-Juvenile	Senior
Juvenile		Juvenile	Juvenile	
Open Juvenile		Open Juvenile	Open Juvenile	

DO NOT MAIL THIS WITH YOUR REGISTRATION FORM.

PLEASE SEND PRACTICE ICE FORM AND CHECK TO:

**Marianne Campbell
182 Windcroft Lane
Acworth, GA 30101**

For questions concerning practice ice, you may e-mail:

*hssoupteacher@yahoo.com
or call (678)467-4246.*

All long distance calls will be returned after 9 p.m. EST or on weekends.

The practice ice schedule will be available on the GaFSC website no later than the week prior to competition.

*****There will be a \$25.00 NSF fee for**

all returned checks. **

_____ 20-min sessions @\$10.00 = _____ check made payable to GaFSC.