

2017 Broadmoor Open

BASIC SKILLS/FUNASTICS SKATERS PRACTICE ICE FORM

NAME: _____ SEX: _____ BIRTHDATE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____ TEST LEVEL: _____

EVENTS ENTERED: _____

DATE OF ARRIVAL: _____ TIME OF ARRIVAL: _____ HOTEL: _____

Practice ice will be available Sunday morning prior to the start of the competition.

Please indicate the number of sessions (no more than 2) that you want and enclose the appropriate amount. **We will try to accommodate all requests, but cannot make any guarantees.** Sessions are 30 minutes in length and NO MUSIC will be played. These sessions may or may not be on the competition ice surface.

_____ Early Sun prior to the start of the competition

Total # of Sessions Requested: _____ x \$15 = _____ (Total Enclosed)

Assigned Practice Ice is non-refundable! No Trading, Gifting, or Re-Selling of assigned practice ice sessions will be allowed!

Credit Card Payment: Visa MC

Name on Card: _____ Card# _____

Billing Address _____

Exp Date _____ Amount Charged _____

Signature _____

Please enclose a separate check from the entry fee, payable to the Broadmoor SC, and your practice ice form, post-marked no later than April 28, 2017 to:

2017 Broadmoor Open
3190 W Breckenridge Dr
Colorado Springs, CO 80906

Questions? Email Barbara Bradley at honeyb23@aol.com