

BROADMOOR OPEN PRACTICE ICE FORM

PREPRELIMINARY - SENIOR

NAME: _____ SEX: _____ BIRTHDATE: _____ AGE: _____

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

PHONE: _____ EMAIL: _____ PARTNER: _____

LEVEL COMPETING: _____ EVENTS ENTERED: _____

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

OFFICIAL & WARM-UP ICE

Official practice ice is available to **ALL** skaters competing in freeskating &/or short program only.

Warm-Up ice is available for levels **JUVENILE & ABOVE** in freeskating &/or short program only.

You may request only **1** official session & **1** warm-up per event segment entered.

(Excluding spins, jumps, artistic, & compulsories)

EVENT	OFFICIAL ICE	WARM-UP ICE	AMOUNT OWED
Singles Short Program Only	_____ x \$18 = _____	_____ x \$15 = _____	_____
Singles Freeskating	_____ x \$18 = _____	_____ x \$15 = _____	_____
Pairs Short Program*	_____ x \$20 = _____	_____ x \$17 = _____	_____
Pairs Freeskating*	_____ x \$20 = _____	_____ x \$17 = _____	_____

*** Please Note That Pair Practice Ice Fees Are Per Person NOT PER TEAM!**

ADDITIONAL PRACTICE ICE (Indicate # of Sessions/Day)

TYPE	SUN	MON	TUES	WEDS	THURS	FRI	SAT		TOTAL
FS								x \$18 =	
PAIRS								x \$20 =	

TOTAL AMOUNT: _____

Please enclose a separate check for practice ice payable to: **BROADMOOR SC**, and your practice ice request form, post-marked no later than **APRIL 27, 2018** to:

2018 Broadmoor Open
3190 W Breckenridge Dr
Colorado Springs, CO 80906

CREDIT CARD PAYMENT: **VISA** **MC**

Name on Card: _____ Card #: _____

Billing Address: _____ Exp. Date: _____

Signature: _____ Amt Charged: _____

AMERICAN EXPRESS CARDS NOT ACCEPTED!