



UNLIMITED ICE APPLICATION FORM 1 YEAR CONTRACT 2016-2017

Last Name _____ First _____ Middle _____

Address _____

City _____ State _____ Zip _____

Home Phone # _____ Cell Phone # _____

Email _____

Coach(es) _____

____ June 1 st \$237.50	____ July 1 st \$237.50	____ August 1 st \$237.50	____ September 1 st \$237.50
____ October 1 st \$237.50	____ November 1 st \$237.50	____ December 1 st \$237.50	____ January 1 st \$237.50
____ February 1 st \$237.50	____ March 1 st \$237.50	____ April 1 st \$237.50	____ May 1 st \$237.50

Payment Plan:

____ Full \$2850.00 OR
____ Monthly credit card charge of \$237.50 (1st of each month).

Credit card must be on file – no card, no contract.

CONTRACT CANNOT BE STARTED AFTER DECEMBER 1ST, 2016.

Make checks payable to: Twin Ponds (full payment only)

Amount enclosed \$ _____

Charge to my _____ Visa _____ MasterCard _____ Discover
____ Full amount of \$2850.00
____ Monthly amount of \$237.50

Name on card _____

Card # _____ Exp date _____ Security code _____

I hereby agree to abide by the rules and regulations of Twin Ponds. I understand there are no refunds of any payments made. I have fully read and understand this contract and worksheets.

Signature _____ Date _____

Office Use Only: Skater # _____ Start Date _____ Total Fee _____