

ICE SHOW APPLICATION & ORDER FORM

NAME: \_\_\_\_\_ male/female
ADDRESS: \_\_\_\_\_
CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_
HOME PHONE: \_\_\_\_\_
BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_
Parent's name: \_\_\_\_\_ cell phone: \_\_\_\_\_
Parent's name: \_\_\_\_\_ cell phone: \_\_\_\_\_
Email address: \_\_\_\_\_

Please circle the CURRENT class level your skater is enrolled in:

Snowplow Sam\*\*\*\*\*BASIC 1 2 3 4 5 6 7 8\*\*\*\*\*FREESTYLE 1 2 3 4 5 6\*\*\*\*\*Hockey

I give my child permission to skate in the Crystal Ice House ICE SHOW. The applicant agrees that the Crystal Ice House, its proprietors, instructors and all personnel will not be held responsible for losses or injuries however caused. I also understand that there are rehearsals that my child will have to attend in order to participate in the ICE SHOW.

SIGNATURE: \_\_\_\_\_ date: \_\_\_\_\_
Parent or guardian

PLEASE TAKE CAREFUL & ACCURATE MEASUREMENTS. Most problems with the costumes occur because of incorrect measurements. If you need assistance, please see Kim Johnson. The most important measurement is the GIRTH measurement. HELPFUL HINT: Start at the middle of one shoulder - draw the tape across the fullest part of the tummy, through the legs and back up to the starting point (same shoulder) to ENCIRCLE the torso.

MEASUREMENTS:

- A. Chest \_\_\_\_\_
B. Waist \_\_\_\_\_
C. Hips \_\_\_\_\_
D. Girth \_\_\_\_\_

Approved measurements: \_\_\_\_\_

This form must be completed & returned to the Crystal Ice House on or before Saturday, December 17, 2011. Late applications cannot be accepted due to the immediate ordering of costumes. NOTE: The skating director reserves the right to refuse any applicant. The skating director will make the final decision regarding any aspect of the ICE SHOW.

Payment rec'd: Check/Cash \_\_\_\_\_ Visa/MC/Disc. \_\_\_\_\_