



8 Riverside Street Nashua, NH 03062  
(603) 595-2400 Fax (603) 595-9406  
www.conwayarena.com

**RECREATIONAL SKATING CAMP ENROLLMENT**

August 13<sup>th</sup> - August 17<sup>th</sup>

**PLEASE PRINT CLEARLY**

PARTICIPANT: \_\_\_\_\_

PARENT/GUARIDIAN: \_\_\_\_\_

PARTICIPANTS DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: ( ) \_\_\_\_\_ EMERGENCY PHONE: ( ) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

SKATING LEVEL: \_\_\_\_\_ USFSA #: \_\_\_\_\_

Enclosed is:

- o **Skate Camp fee: \$229**
- o **\$100 deposit due at time of enrollment, balance due by August 13, 2007**

Checks can be made payable to *Conway Arena*

Visa/Mastercard accepted. # \_\_\_\_\_ Exp date \_\_\_\_\_

**NOTE: NEITHER THE CONWAY ARENA, STAFF OR VOLUNTEERS ARE RESPONSIBLE FOR ITEMS LOST, STOLEN OR MISPLACED**

I, the parent/guardian of the above named boy/girl give my approval for his/her participation in the CONWAY ARENA programs. I do hereby release, absolve, and hold harmless the CONWAY ARENA, its directors, staff, organizers, sponsors, coaches, volunteers and anyone connected with the programs. In the case of injury, I hereby waive all claims against the aforementioned persons. I have read and understand all the above information. I will abide by the policies set forth by the CONWAY ARENA.

PAYMENT/REFUND POLICY: Enrollment is based on a first come, first serve. A 50% deposit is due at time of enrollment if the program exceeds \$100. Otherwise, payment is required in full. All deposits/payments are non-refundable unless the program is cancelled or authorized by a program director.

SIGNATURE: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

PAYMENT INFO	AMT. PAID\$ _____	CASH _____	CHECK # _____
	CC# _____	CC EXP. _____	
	CC NAME _____	BALANCE DUE _____	
	BALANCE DUE DATE _____	ENTERED _____	CRS INITIALS _____