



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

LEARN TO PLAY HOCKEY

PLEASE PRINT CLEARLY

CIRCLE SEASON: FALL 2010 WINTER 2011 SPRING 2011

PARTICIPANT: _____

PARTICIPANTS DOB: _____ AGE: _____

PARENT/GUARIDIAN: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: () _____ EMERGENCY PHONE: () _____

E-MAIL ADDRESS: _____

EXPERIENCE (CIRCLE ONE) BEGINNER INTERMEDIATE

Enclosed is:

- o **Learn to Play Hockey fee: \$259**
- o **\$100 deposit due at time of enrollment, balance due by first class**

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: _____

OFFICE USE ONLY: AMT. PAID\$ _____ CASH _____ CHECK # _____
CC# _____ CC EXP. _____
CC NAME _____ BALANCE DUE _____
BALANCE DUE DATE _____ ENTERED _____ CRS INITIALS _____