



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

XLR8 on ICE 2010

PLEASE PRINT CLEARLY

PARTICIPANT: _____

PARENT/GUARIDIAN: _____

PARTICIPANTS DOB: _____ AGE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

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

E-MAIL ADDRESS: _____

CURRENT TEST LEVEL: _____

Enclosed is: ° XLR 8 Clinic- \$220 Sept 9th- Nov 18th

Checks can be made payable to Conway Arena

Visa and 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 _____