Last: _____
Name PLEASE PRINT

First: _____
Name:

**WINTER SESSION CONTRACT**
**2007 / 2008**
**NOV. 26 THRU MAR. 3**

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Contract Requests must be received by Center Ice® Management, LLC by/on **NOV 3rd, 2007** & all payments must be made "on time" to receive a 5 % credit against your SPRING 2008 Contract. **Minimum contract** volumes must be **$100.00** to qualify for discounted, contract rates.

Address: _____

City: _____ Zip Code: _____

Email: _____ Birth date: _____

Phone: _____ Cell Phone: _____

ISI Number: _____ Level: _____

USFSA Number: _____ Level: _____

Name of your Skating Pro: _____

Possessing full knowledge and understanding of the nature of the activities and hazards involved, I hereby certify that I assume, any and all, responsibility for injuries and/or losses sustained while participating in this activity and further hold harmless Center Ice Management, LLC, Center Ice Skating School, Center Ice of DuPage, its employees and assigns, assuming this risk on behalf of myself and/or my minor child. I further understand that contract ice instruction is "outside" the direction of Center Ice Skating School and my/our Skating Pro is acting as an independent contractor. Center Ice reserves the right to terminate this contract, based on inappropriate or dangerous conduct, and will issue a pro rata refund should this occur. In all other situations, I recognize I am legally bound to the payment schedule I requested, as defined below:

_____ _____ _____
Skater's Signature Parent Signature (if under 18 years of age) Date

If you are not currently a contract skater at Center Ice®, two weeks ice payment deposit must accompany this contract request and will be applied to your first payment. Contract volume under $100.00 must be paid in full upon submitting the contract request. Payments should be made at the CID Information desk and the date that the contract and respective payments are received by Center Ice® will determine the discount applicability. Once contracted, there are no partial credits for the skater's unused time.

**Visa and MasterCard are accepted at CID and checks should be made payable to Center Ice Skating School**.

| DATE DUE | NOV 17 | DEC 1 | DEC 15 | DEC 29 | JAN 12 | JAN 26 | FEB 9 | |
|---|---|---|---|---|---|---|---|---|
| AMT DUE | | | | | | | | |
| DATE PAID | | | | | | | | |
| CHECK # | | | | | | | | |
| AMT PD | | | | | | | | |
| REC'D BY | | | | | | | | |