



ICE CONTRACT/SCHEDULE HOLIDAY INTERSESSION 2011 MONDAY December 26 thru FRIDAY December 30

Fall Session ends Friday December 23rd and Winter Session begins Monday January 2nd. Skaters have an opportunity to contract for the ten sessions of Club ice available during the week between Christmas & New Years. Discounts are available for skaters contracting for 5 or more sessions this week. Separate contracts are available for the Winter Session.

	Session	Time	Rink	Min	Price	Fill in \$	Sign on
MONDAY 12/26/11	General	4:15-5:05pm	Oly	50	12		15.00
	General	5:15-6:05pm	Oly	50	12		15.00
TUESDAY 12/27/11	General	4:15-5:05pm	Oly	50	12		15.00
	General	5:15-6:05pm	Oly	50	12		15.00
WEDNESDAY 12/28/11	General	4:15-5:05pm	Oly	50	12		15.00
	General	5:15-6:05pm	Oly	50	12		15.00
THURSDAY 12/29/11	General	4:15-5:05pm	Oly	50	12		15.00
	General	5:15-6:05pm	Oly	50	12		15.00
FRIDAY 12/30/11	General	4:15-5:05pm	Oly	50	12		15.00
	General	5:15-6:05pm	Oly	50	12		15.00

Skaters Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Level(s) Passed as of December 17, 2012:

Badge: _____ Field Moves: _____ Freestyle: _____

CONTRACT DISCOUNTS

- 5 sessions /week = 10% discount
- 6 sessions /week = 12% discount
- 7 sessions /week = 14% discount
- 8 sessions /week = 16% discount
- 9 sessions /week = 18% discount
- 10+ sessions /week = 20% discount

OTHER AVAILABLE ICE

Monday thru Friday	General - Cube Pass Thru Ice	6:15am-8:05am	Oly	60	Pay Cube Staff	\$8/hr
Monday thru Friday	General - AAFSC Pass Thru	8:15am- 1:05pm	Oly	60	Pay AAFSC Office	\$9/hr

REGISTRATION DEADLINE IS 5PM on Dec 23 2011.

PLEASE MAIL THIS CONTRACT AND YOUR PAYMENT TO:

AAFSC
2121 Oak Valley Drive
ANN ARBOR, MI 48103
734-213-6768

or bring to the AAFSC office at the Cube.

DIRECTIONS: Please fill out completely.

1. Circle the numbers for all desired sessions.
2. Write the session price in the "Fill in \$" column & total.
3. Obtain coaches signature above. Required.
4. Contact AAFSC office to calculate discount
5. Add \$5.00 Administrative Fee.
6. Signature of skater (if 18 or older) or parent.
7. Make a copy of this form for your records.

Amount Due: \$ _____

Discount : (AAFSC Office will calculate discount) (- \$ _____)

Administration Fee: \$ 5.00

Total Amount Due: \$ _____

Signature of skater (if 18 or older) or parent (required):

FOR OFFICE USE ONLY

DATE _____	QB
CHECK# _____	
AMOUNT RECEIVED \$ _____	
	Date _____
	Initials _____
