

CDL Arena
1568 Broadway
Raynham, MA 02767



508-880-3311
508-880-8883 - fax



2008 Summer Freestyle Ice Contract



Skater's name: _____
Skater's level: _____
Coach's name: _____

Parent's name: _____
Telephone: _____
Coach's email: _____

* Contract rate: **\$12** per hour

Walk on rate: **\$15** per hour

Mondays

6/23	8:00 AM	
6/23	9:00 AM	
6/23	10:00 AM	
6/30	8:00 AM	
6/30	9:00 AM	
6/30	10:00 AM	
7/7	8:00 AM	
7/7	9:00 AM	
7/7	10:00 AM	
7/14	8:00 AM	
7/14	9:00 AM	
7/14	10:00 AM	
7/21	8:00 AM	
7/21	9:00 AM	
7/21	10:00 AM	
7/28	8:00 AM	
7/28	9:00 AM	
7/28	10:00 AM	
8/11	8:00 AM	
8/11	9:00 AM	
8/11	10:00 AM	

Tuesdays

6/24	7:00 AM	
6/24	8:00 AM	
7/1	7:00 AM	
7/1	8:00 AM	
7/8	7:00 AM	
7/8	8:00 AM	
7/15	7:00 AM	
7/15	8:00 AM	
7/22	7:00 AM	
7/22	8:00 AM	
7/29	7:00 AM	
7/29	8:00 AM	
8/12	7:00 AM	
8/12	8:00 AM	
8/19	7:00 AM	
8/19	8:00 AM	
8/26	7:00 AM	
8/26	8:00 AM	

Wednesdays

6/25	8:00 AM	
6/25	9:00 AM	
6/25	10:00 AM	
7/2	8:00 AM	
7/2	9:00 AM	
7/2	10:00 AM	
7/9	8:00 AM	
7/9	9:00 AM	
7/9	10:00 AM	
7/16	8:00 AM	
7/16	9:00 AM	
7/16	10:00 AM	
7/23	8:00 AM	
7/23	9:00 AM	
7/23	10:00 AM	
7/30	8:00 AM	
7/30	9:00 AM	
7/30	10:00 AM	
8/13	8:00 AM	
8/13	9:00 AM	
8/13	10:00 AM	

Thursdays

6/26	4:00 PM	
6/26	5:00 PM	
7/3	4:00 PM	
7/3	5:00 PM	
7/10	4:00 PM	
7/10	5:00 PM	
7/17	4:00 PM	
7/17	5:00 PM	
7/24	4:00 PM	
7/24	5:00 PM	
7/31	4:00 PM	
7/31	5:00 PM	
8/13	4:00 PM	
8/13	5:00 PM	
8/21	4:00 PM	no ice
8/21	5:00 PM	no ice
8/28	4:00 PM	
8/28	5:00 PM	

Total Mondays _____

Total Tuesdays _____

Total Wednesdays _____

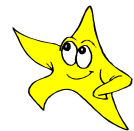
Total Thursdays _____

Total days _____ x \$12 = _____

CDL Arena reserves the right to cancel any times with less than 6 skaters ~ thank you!

This will be strictly enforced this year

Please submit contracts no later than 6/1/08. Ice contracts will not be processed without payments attached.



Waiver: The undersigned acknowledges that each applicant is physically capable to participate in this program. The risk of injury exists, the risk is hereby accepted and the responsibility of medical treatment and insurance coverage is upon the applicant. I, the applicant understand that I am responsible to all ice contracted once the program begins, whether I am able to use any portion of said ice time or not, and will not be eligible for refunds.

Parent/Adult Signature: _____

Date: _____