

~ GET THE EDGE! ~

FILL OUT THIS FORM AND BE A PART OF OUR MAILING LIST

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

ZIP: \_\_\_\_\_ E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

INTERESTS (CHECK ALL THAT APPLY)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> PUBLIC SKATING | <input type="checkbox"/> LEARN TO SKATE     | <input type="checkbox"/> PRIVATE / CONTRACT ICE RENTAL |
| <input type="checkbox"/> HOCKEY         | <input type="checkbox"/> HOCKEY INSTRUCTION | <input type="checkbox"/> OTHER: _____                  |
| <input type="checkbox"/> FIGURE SKATING | <input type="checkbox"/> BIRTHDAY PARTIES   | _____  |



PLEASE SUBMIT THIS COMPLETED FORM TO THE PRO SHOP ATTENDANT.  
YOU MAY USE THE REVERSE SIDE FOR ADDITIONAL COMMENT.

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