



THE KINSMEN CLUB OF RED DEER
SKATE-A-RAMA
 KINSMEN COMMUNITY ARENAS



NAME OF SKATER _____ TEL. NO _____

ADDRESS _____ AGE _____

NOTE: THIS INFORMATION IS VERY IMPORTANT!

8-1-6-CB # _____
 TEAM NAME _____
 NAME OF SKATER'S COACH OR LEADER _____
 PHONE NUMBER _____

This form **MUST BE COMPLETED and TOTALLED** and returned to your TEAM REPRESENTATIVE BEFORE the event. MAXIMUM OF 100 LAPS.

SPONSOR PLEASE PRINT your NAME & ADDRESS	TOTAL AMOUNT	SIGNATURE when PAID
1.		
2.		
3.		
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24.		
25.		

HELMETS MUST be worn on the ice!

THIS SHEET TO BE RETURNED WITH PAYMENT.

TOTAL PLEDGED

TOTAL COLLECTED

PLEASE COLLECT all MONIES and return with this sheet to your Team Volunteer.