THE CHARLIE HEGAR ICE SKATING RINK

SCHOOL FIELD TRIP RESERVATION FORM

SCHOOL: ____________________________________________

ADDRESS: __________________________________________

CITY | STATE | ZIP: __________________________________________

CONTACT PERSON | TITLE: __________________________________________

CONTACT | PHONE #: __________________________________________

DATE REQUESTED: ______________________________________

TIME REQUESTED: FROM: ___________________ TO: ____________

NUMBER OF STUDENTS FOR SESSION: _______________________

NUMBER OF ADULTS | CHAPERONES PER SESSION: _______________________

APPROXIMATE NUMBER OF SKATE RENTALS: _________________

* PLEASE NOTE: A COMPLETE LIST OF SKATERS AND SKATE SIZES WILL BE NEEDED AT LEAST THREE DAYS PRIOR TO SESSION *