

**2010 NEW ENGLAND REGIONAL CHAMPIONSHIPS  
NON QUALIFYING EVENTS PRACTICE ICE  
Wednesday October 21, 2009  
Leddy Park Arena**

All Sessions are 30 minutes and are at Leddy Park Arena (competition site).  
Fee is \$15 per session if purchased before October 19.  
Any remaining sessions may be purchased at the registration desk at the event beginning at 6:30AM on October 21 at \$20 per session.  
Music will not be played. Practice ice fees will not be refunded.

SESSION	TIME
<b>A</b>	<b>7:00-7:30AM</b>
<b>B</b>	<b>7:30-8:00AM</b>
<b>C</b>	<b>9:55-10:25AM</b>
<b>D</b>	<b>10:25-10:55AM</b>
<b>E</b>	<b>10:55-11:25AM</b>

SKATER'S NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Please register me for the following sessions: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

# of practice sessions X \$15 = \_\_\_\_\_

**Check payable to CVSC and Mail forms to:**

PRACTICE ICE, CVSC, PO BOX 3212, Burlington, VT 05408

**OR**

**VISA/MasterCard payments may be FAXED TO: 802-879-4574 ATTN: MAUREEN MCAVOY**

VISA/MasterCard Credit card # \_\_\_\_\_ Exp \_\_\_\_/\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_ Zip \_\_\_\_\_

NAME ON CREDIT CARD: (PRINT) \_\_\_\_\_

Signature \_\_\_\_\_ Tele \_\_\_\_\_

**Questions** may be directed to Maureen at [fmcavoy11@aol.com](mailto:fmcavoy11@aol.com) or PHONE 802-879-0587  
Sessions are first paid, first reserved. No session will be reserved without payment.