

FORT COLLINS SHORT TRACK SPEED CLINIC REGISTRATION

EDORA POOL ICE CENTER 1801 Riverside Fort Collins, CO 80525

> SATURDAY, October 17, 2015 9:30 – 11:00 AM On-Ice (Green Rink)

| Participant's Name | _Age |
|--|---------------|
| Address | |
| City/State/Zip | |
| Home Phone | |
| Mobile Phone | |
| E-Mail | |
| Emergency Phone | |
| Any questions can be directed to Jondon Trevena, (970) 443.3653 or <u>Jondon@jo</u> | ndonspeed.com |
| Registration forms can be faxed to 970-221-62 Or e-mailed to cwest@fcgov.com | 37 |

^{**}NOTE: The city of Fort Collins will make reasonable accommodations for access to city services, programs, and activities and will make special communication arrangements for persons with disabilities. For activities that require registration, it is recommended that requests be made one week in advance by calling 970-224-6027, TDD/TTY 224.6002



FORT COLLINS 2015 "SHORT TRACK OPEN" REGISTRATION

| | Saturday, C | October 17 | @ 11:15 Al | M (Green Ri | nk) | | |
|---|-----------------|--------------|--|-----------------------------------|------------------|-------------------|--|
| Mail in: EDORA POOL ICE CENTER 1801 Riverside Fort Collins, CO 80525 | | | 2. Fax in: (970) 221.62373. E-Mail: cwest@fcgov.com | | | | |
| Registration Dead October 12, 2015 | | ation and pa | ayment mus | st be received | d by Monda | ıy, | |
| Householder's Name | | | Но | _ | | | |
| Address | | | Wo | - | | | |
| City/State/Zip | | | Mobile Phone | | | _ | |
| E-Mail | Emergency Phone | | | | ne | | |
| Participant Name | Age | Gender | Event/ Meters | Average Time | *T-shirt Size | **Special Need | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| • T-shirts are Payment: Card # | | | | | | | |
| Name on Card | | | | CVC | | | |
| Total Due \$25.0 Checks Payable to | | events) | | ility Waiver re icipation of n | • | ent or | |

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Guardian Signature required.