

SLEEPOVER AT POLAR ICE



Sponsored by the Skating Club of Phoenix



Come join us for an end of the summer bash at Polar Ice Peoria. An overnight party full of skating and friends with games, movies, contests, crafts, snacks, and a pancake breakfast!

PARTY ALL NIGHT AT POLAR ICE

WHEN: Friday, August 20th - Saturday, August 21st

CHECK-IN: 9-10 pm

CHECK-OUT: 6-7am

COST: \$20 per skater (SCP Member only)

\$30 per skater (non SCP Member)

WHAT TO BRING: Skates and skate-attire (rental skates available at no charge), pillow/blanket/sleeping bag

SEE REVERSE FOR RESERVATION INFORMATION

Additional information may be obtained through event coordinator
Kerri Tanner (623) 670-0351

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RESERVATION AND PERMISSION SLIP

Please complete the information below and attach check payment for event.

Skater Name: _____

Skater age: _____ (Please note skaters under 9 must be accompanied by a parent)

Parent/Guardian Name(s): _____

Home Phone: (____) _____ Cell Phone (____) _____ Alt. Cell Phone (____) _____

Name of additional Emergency Contact and Relationship:

Name _____ Relation to Child _____ phone (____) _____

Any allergies to medications or foods: _____

Any medical conditions: _____

Please check appropriate box and attach check for amount designated.
(turn into a SCP Board Member or at the Polar Ice office-Andrea Palos mailbox)

- \$20 SCP Member Child Only
- \$20 SCP Member Child and Parent (under 9 years old)
- \$30 Non-SCP Member Child Only
- \$30 Non-SCP Member Child and Parent (under 9 years old)

I, _____, the parent or legal guardian of _____ allow my son/daughter to participate in an overnight skating event at Polar Ice Peoria. In the event of an emergency, I allow the SCP Board Member present at the event to seek emergency medical care on my behalf. I understand the inherent risks associated with ice skating/overnight event and do not hold Polar Ice Peoria or the Skating Club of Phoenix accountable in the event of an occurrence. I understand that I will be immediately contacted for any emergency need related to my child and have provided sufficient information.

Signed _____ Printed Name _____ Date _____

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