



Pre-season Conditioning

Tuesday Aug 31st & Thursday Sept 2nd

7 – 7:50PM

Birth Years: 1996 - 99

(\$40 Fee)

Participant Name: _____		Date of Birth: ____ / ____ / ____
Address: _____		Home # _____
Town: _____	State/Zip: _____	Work/Cell # _____
Email: _____		Parents Name: _____
<ul style="list-style-type: none">No Refunds. All prices/programs and rules are subject to availability and change without notice. Times/days/dates are a good faith approximation and subject to change.	Norwich Municipal Ice Rink 641 New London Tpke. Norwich, Ct 06360 (860) 892-2555 www.norwichrink.com [Ages: 1996 - 99]	Payment Method: Cash: _____ Check: _____ Credit Card: _____ Employee Int: _____