

Drop / Add Form

Submit to Rink Office

or Mail: PO BOX 1193/Gloucester 01930



SKATER NAME: _____

Member Type: Bridge Full Dual

Session(s) to **DROP**

	Desc	Day	Time
Session Currently Contracted:	_____	_____	_____
Session Currently Contracted:	_____	_____	_____
Session Currently Contracted:	_____	_____	_____
Session Currently Contracted:	_____	_____	_____

Session(s) to **ADD**

New Session	_____	_____	_____
New Session	_____	_____	_____
New Session	_____	_____	_____
New Session	_____	_____	_____

Parent/Member Signature _____

Date _____

