**Form 3**

**EXTRA PRACTICE ICE REQUEST**

**Please return this form before 16 February 2024**

to Organizing Committee: elisabethcognet@gmail.com, sylvie.coupez@wanadoo.fr

| **Team Name** |  |
| --- | --- |
| **Contact Person** | **Phone** |
| **E-mail** |  |

**Ice available on Friday, 19 April 2024**

|  | **Price per single block** | **Number of blocks to be reserved** | **Total** |
| --- | --- | --- | --- |
| **30 min. block** | **€ 120.00** |  | **€ \_\_\_\_\_\_\_\_\_\_\_** |

| **Remarks** |
| --- |
|  |

**Extra ice must be paid in advance.**

| **Date**  | **Signature**  |
| --- | --- |