



Wilmington Ice House

7201 Ogden Business Lane
 Wilmington, NC 28411
 910-686-1987

WWW.WILMINGTONICE.COM

Membership Application Form

Individual Membership



Check Your Selection

\$300.00 one person one year

Family Membership



Check Your Selection

\$500.00 four people one year

Name _____

Street _____

City, State, Zip _____

Phone 1 _____

Phone 2 _____

Date of Birth _____

Gender Male Female

Email _____

In case of an emergency notify

Name _____

Phone 1 _____

Phone 2 _____

Relationship to Member _____

For Family Membership List Family Members

| Name | DOB | Age | Sex |
|------|-----|-----|-----|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |

Additional Family Members Welcome @ \$125.00 extra each

| | | | |
|---|--|--|--|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |

Parent name if Youth Membership: _____

Special Instructions: _____

Please initial below:

- _____ I understand that this is for public skate only and does not include hockey leagues, pickups, stick & pucks, freestyles, special shows, clubs or fundraisers, etc.
- _____ I understand that replacement cards will be issued after a \$5.00 fee is received.
- _____ I understand that I may be asked to present ID along with my membership card.
- _____ I understand that by giving my membership card to someone else to falsely use is to forfeit my membership and all its privileges with no money given back.
- _____ I understand that this membership is good for one year.
- _____ I agree to abide by all the rules and regulations of the Wilmington Ice House and failure to comply with rules may result in the revocation of this membership.
- _____ I acknowledge that I have received, read and agree to the waiver of liability.
- _____ I agree to all terms and conditions of this membership by my initials above and my signature below.

Adult Member or Parent/Guardian Signature _____

Date _____

FOR OFFICE USE ONLY

New _____ Renewal _____ Member ID# _____

Circle Membership Type Individual Family

Amount of Membership _____

Circle POS Code Individual—3316 Family—3303

Joining Date _____ Expiration Date _____

Payment Method Cash _____ Check # _____

CC Type _____ # _____ - _____ - _____ Exp _____ / _____

Number of Cards Issued _____ Employee Name _____

Date Cards Mailed _____