



Wilmington Ice House

7201 Ogden Business Lane

Wilmington, NC 28411

910-686-1987

www.wilmingtonice.com

<input type="checkbox"/> Check if Applicable POS: 3316	<p>Individual Membership 1 person for 1 year \$250.00</p>	<p>Rink Membership Application</p>	<p>Family Membership 4 people for 1 year \$450.00</p>	<input type="checkbox"/> Check if Applicable POS: 3303
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Last Name	
First Name	
Street Address	
City/St/Zip	
Phone 1	
Phone 2	
Email	
Emergency	Name: _____ Number: _____

Family Membership Only—Please list family members names below

Member 1	Name: _____	Age: _____
Member 2	Name: _____	Age: _____
Member 3	Name: _____	Age: _____
Member 4	Name: _____	Age: _____

Please initial below...

- _____ I understand that this membership is for public skating only and does not include hockey leagues, pickups, stick & pucks, freestyles, special shows, clubs, fundraisers.
 - _____ 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 all terms and conditions of this membership by my initials above and my signature below.*

X _____

Office Use Only

Payment Method Cash Check # _____ Employee _____

Credit Card # _____ - _____ - _____ - _____ Exp ____/____/____

Date Received	Date Issued	Expiration Date	Date Mailed	# Cards Issued	Employee