

*** Items In Bold Are Required!**

School Name _____

Address _____

City _____, AZ Zip _____

Phone _____ Fax _____

Cell Phone _____ Email Address _____

Grade Level(s) _____

P.E. Instructor _____

Time available _____

When date would you like to start? _____

Please fax to 602-957-9968 or mail to:

Ice EDGEucation
3853 E. Thomas Rd.
Phoenix, AZ 85018A program representative will contact you within 3 business days
to register your class(es).