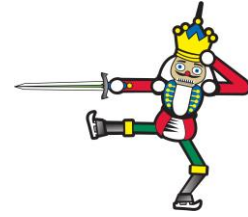


2018 NUTCRACKER ON ICE

FOR GIRL SCOUTS
December 7 & 8, 2018
Registration Form



- Tickets go on sale on November 1, 2018. Orders will be processed on a first-come, first served basis. If you do not receive an email confirmation that your form has been received within 5 working days, please email kelly@sugarlandice.com to confirm that we have your reservation.
- Girl Scouts may register as a troop or as individuals. Enclose fees with the registration form. Make checks payable to Sugar Land Ice & Sports Center. Mail to: Sugar Land Ice & Sports Center, ATTN: Nutcracker Scouts, 16225 Lexington Blvd., Sugar Land, TX 77479. DO NOT SEND CASH. If you are paying by credit card you may email to kelly@sugarlandice.com. You will receive a call back to handle your registration.
- A confirmation email will be sent to the contact email provided on your form. Show tickets will be mailed to the email address listed on the form below.
- If you are registering for two different workshop/show times, please use a separate form for each one. No refunds unless the event is canceled. Add-ons made on a space available basis.

NUTCRACKER ON ICE

FOR GIRL SCOUTS
December 7th & 8th, 2018

Registration for:	<input type="checkbox"/> Troop (Troop Number _____) <input type="checkbox"/> Individual Girl Member		
Troop Leader or Parent (Responsible Adult) Contact Information:			
Name:			
Address:			
City:	State:	Zip:	
Preferred Phone #:	Preferred Email Address:		
Role:	<input type="checkbox"/> Troop Leader	<input type="checkbox"/> Parent	<input type="checkbox"/> Other (pls describe):

Workshop/performance requested:	<input type="checkbox"/> FRIDAY 7PM	<input type="checkbox"/> SATURDAY 1PM	<input type="checkbox"/> SATURDAY 5PM
# of registered Girl Scouts: (Each will receive a \$5 discount)	\$1.75 processing fee	\$15 or \$10 tickets	Total for Girl Scouts
# of adults / tag-a-longs: (Each will receive a \$2 discount)	\$1.75 processing fee	\$13 or \$18	Total for non-Scouts
Total Amount Due:			\$

PAYMENT INFORMATION

Method of Payment: Check Check No.: _____ Credit Card: M/C VISA AMEX DISC

Credit Card No.: _____ Exp. Date: _____ CVC Code: _____

Name of Card holder and Signature: _____

BILLING ZIP CODE OF THE CREDIT CARD _____

Sugar Land Ice & Sports Center
 16225 Lexington Blvd., Sugar Land, TX 77479
 Phone: 281.265.7461 Email: kelly@sugarlandice.com, www.sugarlandice.com