

## DFSC Request for Ice Contract Credit

Skater's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Person filling out form: \_\_\_\_\_

**Credit requests must be submitted within 30 days of need for canceled ice**

**Reason for Credit:**

1. Competition
2. Illness/Injury: (Must be accompanied Doctor's excuse stating specific length of excuse)
3. Off-Site Training
4. Ice Show
5. Seminars

**Month: Please circle applicable month**

**Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec**

**In table below: Write in coded letters and number for each session (not description) next to date that needs crediting. The total dollar amount must appear in the far left column.**

| List the reason for credit: number from above. | Date | Session | Session | Session | Session | Session | Session | Total \$\$\$ amount per day |
|--|------|---------|---------|---------|---------|---------|---------|-----------------------------|
|  | 1    |         |         |         |         |         |         |                             |
|  | 2    |         |         |         |         |         |         |                             |
|  | 3    |         |         |         |         |         |         |                             |
|  | 4    |         |         |         |         |         |         |                             |
|  | 5    |         |         |         |         |         |         |                             |
|  | 6    |         |         |         |         |         |         |                             |
|  | 7    |         |         |         |         |         |         |                             |
|  | 8    |         |         |         |         |         |         |                             |
|  | 9    |         |         |         |         |         |         |                             |
|  | 10   |         |         |         |         |         |         |                             |
|  | 11   |         |         |         |         |         |         |                             |
|  | 12   |         |         |         |         |         |         |                             |
|  | 13   |         |         |         |         |         |         |                             |
|  | 14   |         |         |         |         |         |         |                             |
|  | 15   |         |         |         |         |         |         |                             |
|  | 16   |         |         |         |         |         |         |                             |
|  | 17   |         |         |         |         |         |         |                             |
|  | 18   |         |         |         |         |         |         |                             |
|  | 19   |         |         |         |         |         |         |                             |
|  | 20   |         |         |         |         |         |         |                             |
|  | 21   |         |         |         |         |         |         |                             |
|  | 22   |         |         |         |         |         |         |                             |
|  | 23   |         |         |         |         |         |         |                             |
|  | 24   |         |         |         |         |         |         |                             |
|  | 25   |         |         |         |         |         |         |                             |
|  | 26   |         |         |         |         |         |         |                             |
|  | 27   |         |         |         |         |         |         |                             |
|  | 28   |         |         |         |         |         |         |                             |
|  | 29   |         |         |         |         |         |         |                             |
|  | 30   |         |         |         |         |         |         |                             |
|  | 31   |         |         |         |         |         |         |                             |