

Skater Name: _____

Level (circle one)

Termite

Mite

Squirt/10u

PeeWee/12U

Bantam

DIBS

Eligible DIBS Hours (circle one): None 10 20 30

If DIBS hours are less than 20 please circle a reason below:

Coach

Team Manager

Board Member

Ice Jam Auction Purchase

Other Skater

DIBS Deposit Check #: _____ Name on the Check: _____

I plan to work my DIBS hours

I do not plan to work my DIBS hours please deposit my check.

DIBS hours will be worked by the following:

Name	Relationship

Other Skaters in the family:

Name	Level