

REGISTRATION FORM

First Name _____ Last Name _____

Arena/Facility _____

Arena/Facility Address _____

City/Town _____ State/Province _____ Zip/Postal Code _____

Phone Number _____ Fax Number _____

E-Mail _____

I am a: Active STAR Member New Member/Renewal (*select one below*) Non-Member
 Annual Individual Membership (\$50) Annual Facility Membership (\$225)

PARTICIPANTS MAY REGISTER FOR ONLY ONE COURSE PER SITE.

	Basic Refrigeration (BR)	Ice Making & Painting Technologies (IMPT)	Ice Maintenance & Equipment Operation (IMEO)	COST \$450/member \$600/non-member
Moorhead, Minn. (April 19-22)		<input type="checkbox"/>		\$ _____
Schofield, Wis. (June 21-24)	<input type="checkbox"/>	<input type="checkbox"/>		\$ _____
San Diego, Calif. (July 19-22)	<input type="checkbox"/>		<input type="checkbox"/>	\$ _____
Falmouth, Maine (August 30 - September 2)	<input type="checkbox"/>		<input type="checkbox"/>	\$ _____
St. Paul, Minn. (September 20-23)	<input type="checkbox"/>			\$ _____
Las Vegas, Nev. (October 4-7)	<input type="checkbox"/>		<input type="checkbox"/>	\$ _____
STAR New Member/Renewal (Annual Facility Membership - \$225; Annual Individual Membership - \$50)				\$ _____
TOTAL DUE				\$ _____

PAYMENT

____ My check is enclosed ____ Please bill my credit card Visa Mastercard
Credit Card # _____ Expires: ____/____/____ CCV#: _____
Signature: _____

PLEASE MAKE CHECKS PAYABLE TO:

Serving The American Rinks (STAR)
1775 Bob Johnson Drive
Colorado Springs, CO 80906

phone: 719.538.1149 **fax:** 719.538.1160

web: www.STARrinks.com

