



Registration for events and classes available by mail-in form or by phone
(use this form for any Frozen Ropes event registration)
(some events may not be available for on-line registration)

Player's Name _____ Date of Birth _____

Address _____ Parent(s) Name _____

City _____ State _____ Zip _____

Home Phone Number _____ Cell Phone Number _____

Email Address _____

Class/Event title, day & time _____

Session# (if applicable) _____ Total Payment \$ _____

Visa () Mastercard () Amex () Credit Card

#: _____ Exp. Date _____

Signature: _____

Make checks payable to and mail to: Frozen Ropes, 512 Warren Ave, Portland, ME 04103

Tel: (207)878-2600 Fax: (207)878-6100 www.frozenropes.com/portland

Email: portland@frozenropes.com

ALL PROGRAMS HAVE LIMITED ENROLLMENT

