



# Data Sheet For Expanded 4th Edition of Skater's Edge Sourcebook

To ensure your **FREE** listing in the *Skater's Edge Sourcebook* 4th Edition, please make corrections and additions to your listing information below. Return this form to *Skater's Edge*, P.O. Box 2267, Gulf Shores, AL 36547 or fax it to (251) 968-2033. Please direct questions to (251) 968-5300. Be sure to complete the listing instructions on the next page and sign the form. **Please print clearly or type changes.**

### Company Name:

**Important Notice:** Your listing will appear under the RINKS category in the state of "" and the city of "" unless you indicate otherwise:

Please change my listing to run under: (City) \_\_\_\_\_ (State) \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

RINK MANAGER \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

(First Name) (Last Name)

### RINK DETAILS:

ICE SURFACES  1  3  5  7  9  Other...  
 2  4  6  8  10

ENCLOSED?  Enclosed  Uncovered  
 Outdoor/Semi Outdoor

OWNERSHIP  Private  Club  School  
 Municipal  Federal  Other...

ACCESS  Public  Members Only  Restricted If Restricted, How? \_\_\_\_\_

SESSIONS OFFERED  Public  Patch  In-Line Surface(s)  
 Private/Club  Dance  Speedskating  
 Rental  Field Moves  Other...  
 Freestyle  Hockey

AFFILIATED CLUB(S): \_\_\_\_\_  
 College/University Affiliated?  
Rink Affiliated with a College or University? If yes, specify: \_\_\_\_\_

SURFACE SIZE(S) \_\_\_\_\_

MONTHS OPEN \_\_\_\_\_ SKATING SEASON  seasonal  year round YEAR BUILT \_\_\_\_\_ YEAR RENOV. \_\_\_\_\_

OWNER'S NAME/ Co./Club, etc. \_\_\_\_\_

CLASSES & LESSONS  Group  Private  None

LESSON PROGRAM AFFILIATION  USFSA  ISIA  Own  None

SUMMER SCHOOL  No  Local  Regional  National/International

SEATING \_\_\_\_\_

### ENHANCED DATA: Includes a bolder heading, up to 2 additional contacts, e-mail, website, services & sales message for only \$95!

(First Name) (Last Name)

HOCKEY DIRECTOR \_\_\_\_\_ E-MAIL \_\_\_\_\_

SKATING DIRECTOR \_\_\_\_\_ WEBSITE \_\_\_\_\_

OTHER SERVICES  Pro Shop  Skate Sharpening  Ballet Room  Lockers  \_\_\_\_\_  
 Restaurant  Studio Rink  Weight Room  Dressing Rooms  \_\_\_\_\_  
 Skate Rental  Snack Bar  Pool/Athletic Facilities  Party Rooms  \_\_\_\_\_

**Include Your Own Sales Message!**

**Please Note:** This box may include your sales message from a previous listing. If so, please update as needed. Feel free to use the back of this page. (maximum of 25 words) We reserve the right to edit.

Customer #

*Skater's Edge Sourcebook*  
**Ice Skating Resource Guide - Expanded 4th Edition**

Printed Version and Website Database Listing

P. O. Box 2267 • Gulf Shores, AL 36547 • www.skatersedgemag.com

Customer #

**Listing Instructions**  
**Order Form**

Company Name:

**YES**, here is our updated data which entitles us to a **FREE** Basic listing in the Skater's Edge Sourcebook Expanded 4th Edition PLUS one year inclusion in the searchable online planning database. We've also checked the boxes for the bonus options we have selected. (BE SURE TO RETURN THIS FORM AND THE LISTING INFORMATION FORM!)

**Basic Directory and Website Listing** **FREE**  
*As per information on the listing form, which has been corrected as necessary.*

**MORE ENHANCEMENT OPPORTUNITIES!**

**Enhanced Listing** **\$95.00**  
*Includes 2 additional rink contacts, e-mail & website addresses, services & personalized 25-word sales message.*

**Hot (Active) Website Link** **\$40.00**  
*Please make my website data active so that a browser can click on it and go directly to our website.*

**Color Picture Or Logo Added To Website Listing** **\$55.00**  
*Image is displayed every time a browser visits your listing. (Please see instructions below on sending your picture.)*

**YES! Please send additional information about display advertising in *Skater's Edge*. Listing & Hyperlink Fee waived for display advertisers (\$135 value!)**

**BILLING INFORMATION**

BILL ME LATER     PAYMENT ENCLOSED

MASTERCARD     AMEX     VISA

\_\_\_\_\_  
EXPIRATION DATE

\_\_\_\_\_  
CARD NUMBER

\_\_\_\_\_  
CARD HOLDER NAME

**Total Due** \_\_\_\_\_

**Marketing Contact:**

We mailed this form to:

Please correct as necessary. Changes here will not be reflected in the directory listing (from the previous page).

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**You will Receive Your Order Verification Via Fax**

Please provide your DIRECT FAX NUMBER:

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**Submitted By:** \_\_\_\_\_  
PRINT NAME HERE

\_\_\_\_\_  
SIGN HERE

**Date:** \_\_\_\_\_