

475 E Brundage ST
Sheridan, WY
www.Sheridanice.org
info@sheridanice.org

Sheridan Ice, LLC
PO Box I
Sheridan, WY 82801
(307)674.9423



School Use Voucher

School Name _____

Address _____

Phone _____

**All vouchers must be dated and signed each time you participate and Sheridan Ice, LLC.
I verify that all participants have signed an activity consent form and the school has it on file.**

Signature of Representative

Date

Description of Activity

Families of the Rink Scholarship Fund:

At Sheridan Ice, we believe there should never be a financial barrier to skate or play. Through generous support, this Fund allows applicants to meet the financial gap they may face, and join others on the ice. Please see sheridanice.org for donation information to continue to make this available to the schools.

For Sheridan Ice Use:

Employee Initials: _____

Date: _____

Skaters on Ice: _____

Amount: _____

Time on the Ice: _____

Adults on Ice: _____

Administration: _____

Time off the Ice: _____

See you at THE RINK!