SKATE SHARPENING

Name: _____ Phone: _____

Date: _____ Need by: _____

Type of Grind - Please check one:

_____ FS (.50) _____ Combination (.75) _____ .625

Cost - $6.00 Check made payable to: Blades to Ballet
Check # _____

Sharpener - Leave this form with checks

TO BE FILLED OUT BY SHARPENER:

Name of skater: _____
Skates sharpened by: _____
Type of grind: _____
Done by (date): _____

This slip is provided so you know who sharpened your skates and the type of grind you received. Our job is to provide the best quality sharpening available. We are here to service your needs and if there is a problem with your skates, we will always rectify the problem. Please indicate nature of problem and bring skates back with this form. If you have any comments or suggestions, please fill out the bottom and return to Cris Fischer's folder in the office. Thank you for your business.

Comments:

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