

Off-Island Training - Summer, 2019 (Must be postmarked by November 30, 2019)

Name:			
Mailing address:		City:	
Postal Code:	_Telephone:		
Date of Birth: Day /month /year	_Coaches name:_		
Home Club:	_ Skate Canada #	::	
Parent/Guardian:	E-mail		
Highest tests passed: Skating skills		Freeskate	
Dance	_		
Skaters training off-Island between J per week for a minimum of 3 weeks a the complete STAR 2 FreeSkate elem NAME OF OFF-ISLAND SCHOOL	and a maximum of the sents and program	of 8 weeks. Skaters must have	
NAME OF OFF-ISLAND SCHOOL	LATTENDED	DATES	WEEKS
Original receipts for registration or p accompany all applications for funding ************************************	ng. ********		
Certification: 1/ we certify the above	e information to	be true.	
Parent's signature			
	Skater's	s signature	