



Application for:
**Off-Island Training
Summer, 2009**

Must be postmarked by December 31, 2009.

Name: _____

Mailing address: _____ City: _____

Postal Code: _____ Telephone: _____

Date of Birth: _____ Coaches name: _____
Day /month /year

Home Club: _____ Skate Canada #: _____

Parent/Guardian: _____ E-mail _____

Highest tests passed: _____
Skating skills Freeskate

Competitive test / date passed _____
Dance

Off-Island Schools attended in Summer 2009
(Please note: a minimum of three (3) weeks and maximum of eight (8) weeks will qualify for Off-Island funding)

Name of off-Island schools attended and dates: # of weeks attended

Original receipts for registration or photocopies of front and back of cheque must accompany all applications for funding

Certification: I/We certify the above information to be true.

Parent's signature _____ Skater's signature _____

Return to:

Cindy Crane
Skater Development
615 Crabbe Road
RR #10, Charlottetown
PEI, C1E 1Z4
Tel: 902-569-4885
cranes@pei.sympatico.ca