

Off-Island Training - Summer, 2014 (Must be postmarked by November 30, 2014)

| Name: | | | |
|---|--|---------------------|---------------|
| Mailing address: | | _City: | |
| Postal Code: | Telephone: | Telephone: | |
| Date of Birth: Day /month /year | Coaches name: | : | |
| Home Club: | Skate Canada | #: | |
| Parent/Guardian: | E-mail | | |
| Highest tests passed: | | | |
| Skating skills | | Freeskate | |
| Competitive test / date passed | | Dance | |
| week for a minimum of 3 week complete Preliminary Freeska NAME OF OFF-ISLAND SO | te test to be eligible for | r this funding. | # OF WEEKS |
| | | | |
| Original receipts for registrati accompany all applications for | r funding. ********* | -********** | |
| Certification: I/We certify th | e above information to | be true. | |
| Parent's signature | Skater | _Skater's signature | |
| Return to: | Skate Canada PEI c/o Lynne Beairsto 12 Henri Blanchard Drive Charlottetown PE C1A 8E2 | | |