

Off-Island Training – Summer of _____

(Must be postmarked by November 30 of the year that the training occurred)

Each year the club will consider how many requests that are received to ensure that financially the club can assist all skaters that year. Also, we look at the volunteer time the skater has given back to the club, for example are they an active PA in the winter and spring sessions. The availability of any funding to skaters is dependent upon the success of the club and the volunteers that run our programs.

Skater's Name:			
Mailing address:	City/Community		
Postal code:	Telephone:		
Date of Birth Sk	Skate Canada No		
Name of Coach			
Parent/Guardian:	Email:		
Highest tests passed:	·		
Skills	Freestyl	e	Dance
NAME OF OFF-ISLAND SCHOOL ATTENDED	DATES	HOURS PER WEEK	# OF DAYS PER WEEK
Original receipts for registration, photocopicall applications for funding.	Certification:	eque or receipt of pay	ment must accompany
I/we certify the above information to be tru	ie.		
Parent's signature	Skater's signature:		
· 	(If skater is 12 years or older)		

Please return to: Charlottetown Skating Club, PO Box 1695, Charlottetown, PE C1A 7N4