OFF – SEASON SKATING SCHOOL APPLICATION

(RUN BY A SKATING CLUB ONLY)

How many skaters do you expect will attend this skating school? _____

What programs will you be offering? (Please attach school program schedule/brochure)

_____

_____

Club Name: _____ Club # _____

Contact Person: _____ Phone #: _____

Email: _____

Complete Mailing Address: _____

_____

DATES OF OPERATION: _____

ASSESSMENT DAYS WILL BE MADE AVAILABLE AND REQUESTED DATES ARE:

(1) _____ (2) _____ (3) _____

_____ _____

Signature of Club Official Date

FOR SECTION USE ONLY

SANCTION IS RECOMMENDED ___YES ___ NO

Reason(s) for Denial: (full report should be attached):

_____

_____

_____ _____

Skate Saskatchewan President Date

Return to: Skate Saskatchewan, 1072 McDonald St., Regina, SK. S4N 2X8 Email execdirector@skatesask.com