



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 #: _____
Complete Mailing Address: _____	_____
DATES OF OPERATION: _____	
TEST 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 Canada - Saskatchewan Section Chairperson	Date