

SKATE CANADA - SASKATCHEWAN 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:

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

Return to: Skate Canada- Saskatchewan, 2205 Victoria Avenue, Regina, SK. S4P OS4 FAX: 780-9242