



# 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)

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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