



Skater Name FIRST	LAST
Skater's Email	Skater's Cell _(
Birthdate MM DD YYYY	Skater's Latest STAR or Competitve Level STARoror
Mailing address	
City	Postal Code
Skate Canada Membership #	
Parent / Guardian Name	Cell# _(
Emergency Contact Name	
Food allergies or other pertinent medical conditions	

## 

Seminar is held at the Brennan Park Recreation Ctr in Squamish, B.C, April 14th from noon – 7:15PM

https://www.google.com/maps/place/Brennan+Park+Recreation+Centre/@49.7255928,-123.144008,17z/data=!3m1!4b1!4m5!3m4!1s0x5486f9ac80600e23:0xc8ace24b81a1bbe6!8m