

**2010 - 2011
Senior Centralized Synchronized Skating
Audition Application Form
April 13, 15 and 16, 2010**



Tom Graham Arena, 1300 Elgin Mills Road, Richmond Hill, Ontario

Name: _____

Phone: _____

Address: _____

e-mail: _____

Date of Birth: _____

Age on July 1, 2010 _____

Skate Canada Number: _____

Please indicate the dates you are able to attend (It is recommended that skaters attend all 3 days):

April 13

April 15

April 16

Synchro and / or other Competitive Experience; _____

Dance Training/Experience _____
(ie. ballet/yoga)

What is your highest completed test level?

Freeskate _____
Skill _____

Dance _____
Competitive _____

Please check the appropriate box:

Secondary School

College

University

Working

Are you an eligible skater according to Skate Canada and ISU rules? Yes No

Are you a Canadian citizen? Yes No

Have you accepted a position for any other team for the 2010-2011 season? Yes No

Are you able, if offered, to accept a position at this time? Yes No

If no, when and why?

I agree that in the event of any injury, damage or loss to waive and release any and all claims that I may have against the coach(s) and/or administration of Skate Canada – Central Ontario (COS).

Signature: _____

Date: _____

(Signature of parent or guardian required for any skater under the age of 18.)

Please send completed audition application form by **Tuesday April 6th, 2010** to:

Att: Patti White, Manager, Programs and Services
Skate Canada – Central Ontario
111 Snidercroft Road, Unit A Concord, ON, L4K 2J8
patti@skatecanada-centralontario.com; fax: 905-760-9104

Note: Applications will be available onsite.
If you are unable to attend, please contact Kim Hanford at kim@skatecanada-centralontario.com