



SKATER DEVELOPMENT SEMINAR

Application for:

**PEI Fall Youth Camp**

APM Center, Cornwall

Friday, November 6, 2009

**Must be postmarked by October 27th, 2009.**

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Coaches name: \_\_\_\_\_

Home Club: \_\_\_\_\_ Skate Canada#: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Highest tests passed: \_\_\_\_\_

CANSkate

Freestyle

Parent's signature \_\_\_\_\_

Please enclose a cheque for \$25.00 payable to: **Skate Canada PEI**

Return to: Cindy Crane  
615 Crabbe Road, RR 10  
Charlottetown, C1E 1Z4

For Inquiries Call Cindy Crane  
569-4885

**No refunds after application deadline without Doctor's certificate.**