



Skate Ontario
High Performance Elite Athlete Development Support
Application for Support Services

PLEASE PRINT CLEARLY

Name: _____

Address:
 Street _____
 City _____
 Postal Code _____

Telephone Number: _____

Email Address: _____

Coach: _____

Coach's Address:
 Street _____
 City _____
 Postal Code _____

Coach's Telephone Number:

Coach's Email Address:

- List Competitions entered:**
- Minto Skate – Ottawa _____
 - Summer Sizzle - Waterloo _____
 - Summer Skate - Thornhill _____
 - Henderson - Hamilton _____
 - Autumn Skate – Ottawa _____
 - Octoberfest – Barrie _____

Training Site

 Specify Location

Competing 2008-2009

Pre Novice	Novice	Junior	Senior
Ladies _____	Ladies _____	Ladies _____	Ladies _____
Men _____	Men _____	Men _____	Men _____
Pair _____	Pair _____	Pair _____	Pair _____
Dance _____	Dance _____	Dance _____	Dance _____

Birth Date: _____

Partner: _____

Jump Consistency: (Singles & Pairs)	Current % Successfully Executed
Double Axel	_____ %
Triple Salchow	_____ %
Triple Toe Loop	_____ %
Triple Loop	_____ %
Triple Flip	_____ %
Triple Lutz	_____ %

Signature of Skater

Signature of Parent or Guardian

Date

Applications should be emailed or faxed to: Susanne Morgan
Skate Ontario
grmorgan@rogers.com
705-722-4243