

WO SKATING PROGRAMS SURVEY

Please take the time to complete the following information and return as soon as possible

****This is essential for our planning and enables us to direct information appropriately when requested****

CLUB: _____ REGION: _____

CLUB CONTACT (Phone and Email): _____

CLUB WEB SITE: _____

CLUB OFFERS THE FOLLOWING PROGRAMS:

- CANSKATE**
Contact Person: _____ Email: _____
- CANPOWERSKATE**
Contact Person _____ Email: _____
- STARSKATE**
Contact Person _____ Email: _____
- COMPETITIVE SKATE - Singles, Dance, Pairs**
Contact Person _____ Email: _____
- SYNCHRO SKATE - Indicate the level of team(s)**
Contact Person _____ Email: _____
- ADULT SKATE - Singles, Synchro**
Contact Person _____ Email: _____
- COLLEGIATE / HIGH SCHOOL SKATE**
Contact Person _____ Email: _____
- SPECIAL OLYMPICS**
Contact Person _____ Email: _____
- OTHER PROGRAMS?**
Please list the other programs offered by the club: _____

OTHER QUESTIONS:

1) Test Chairperson for 2011- 2012 Fall / Winter season:

Name: _____ Email: _____

2) Does your club have a Talent ID Program? YES / NO

Name of the program: _____

3) What program would you like more information about? _____

THANK YOU FOR COMPLETING THIS SURVEY. PLEASE RETURN IT TO THE ADDRESS, FAX or EMAIL BELOW:

Skating Programs Coordinator - Carol Moir
237 Consortium Court, London ON N6E 2S8
Email: programs@skating-wos.on.ca Fax: 519-686-0593