

Coaching Request Form

Skater's Name _____ Age _____ DOB (M/D/Y) _____

Parent/Guardian Name(s) _____ Ph # _____

Email _____ Skate Canada # _____

Highest Star Test Passed (If known)

Star ____ Skills
 Star ____ Dance
 Star ____ Freeskate Program
 Star ____ Freeskate Elements
 Star ____ Artistic

Skating Package	X
Star 1 skater	
4 Session	
6 Session	
8 Session	

****Please fill out session options below as well as one Stroking and Off-ice class as this is included in your package.**

Session Options	X
#1 (4-5 Mon)	
#2 (5-545 Mon)	
#3 (7-8 Mon)	
#4 (8-9 Mon)	
#5 (645-745 Thurs)	
#6 (745-845 Thurs)	
#7 (5-6 Fri)	
#8 (6-7 Fri)	
#9 (1030-1130 Sat)	

Stroking Class Options	X
#1 (7-730 Fri) Int/Senior	
#2 (1130-12 Sat) Junior/Int skaters	

Off-ice Class Options	X
#1 (6-630 Mon)	
#2 (545-615 Thurs)	
#3 (415-445 Fri)	
#4 (945-1015 Sat) Star 1/JR	

Coaching Availability/Options	Coaches	Base (X)	Discipline (X)
Base coach and all disciplines Star 6-gold Skills Evaluator Star 1-4 Competition Evaluator Available Monday, Thursday, Friday	Jessica Penner	X	
All Disciplines Regional in-training Available Friday Saturday	Taylor Bryant		
All Disciplines Regional in-training Available Monday, Thursday	Josie Sadlowski		