



2012 Primary STARS Program - APPLICATION FORM -

Athlete Information:

Athlete Name:	
Skate Canada # :	Date of Birth: dd/mm/yy Age:
Address: _____ (Street) _____ (City) (Province) (Postal Code)	
Phone # :	Fax # :
Athlete Email:	Parent/Guardian Email:
Parent/Guardian:	Business Phone # :

Coach Information:

Coach Name:	
Address: _____ (Street) _____ (City) (Province) (Postal Code)	
Phone # :	Fax # :
Business Phone # :	Email:



