EXPRESSION OF CONCERN

DATE: _____

LOCATION: _____

NATURE OF CONCERN: _____

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*PLEASE DESCRIBE:*_____

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Signature Position

Name *(please print)*: _____

Address: _____

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Telephone: _____

Please send this form to Reaghan Fawcett, *Skate Canada - Central Ontario Evaluator/Judges Chairman*

111 Snidercroft Road, Unit A

Concord, Ontario

L4K 2J8

905-760-9104 (Fax)