



TESTING OUT OF HOME CLUB

Due Date: November 30

Permission must be received from Skate Canada - Central Ontario and arrangements made with the receiving club prior to your signing this form.

This is to certify that _____

Skate Canada # _____ is a member in good

standing of the _____ club and Club # _____

He/She has permission to try _____ test(s)

at _____

on the following date(s): _____

Please send the top portion of the test sheets and a copy of the summary sheet to the home club Test Chairperson.

Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone #: _____ Fax #: _____

Reason for trying out of home club:

Signature of Home Club Test Chairperson: _____

COPY TO BE SENT TO SKATE CANADA-CENTRAL ONTARIO
FAX: 905-760-9104 ATTENTION PATRICK WAY – JUDGES BUREAU