



Club Executive Contact Information 2010-2011

Please complete this form or you may send a copy of the Skate Canada Online Registration

Please Print

Club Name: _____ Club No.: _____

Club Mailing Address**: _____

*(**Clubs are encouraged to have a permanent address)* *(Street, Unit No., P.O. Box)*

(City)

(Prov)

(Postal Code)

Club Office Contact _____ Club Office Tel: _____

Club Office Fax: _____ Club Website: _____

Club Email: _____

Season (s) of Operation: Winter Spring Summer Fall

Programs offered: CanSkate STARSkate Adult CanPowerSkate Competitive Synchro

Club Contact Information *Please Print - please complete all fields*

Name of President:	Address:	Tel:	Fax:
		Email:	

Name of Secretary:	Address:	Tel:	Fax:
		Email:	

Name of Treasurer:	Address:	Tel:	Fax:
		Email:	

Name of Test Chair:	Address:	Tel:	Fax:
		Email:	

Name of CanSkate Chair:	Address:	Tel:	Fax:
		Email:	

Name of Coaches Rep	Address:	Tel:	Fax:
		Email:	

Coaches:

1. _____ CanSkate STARSkate/Competitive CanPowerSkate Dance Partner
2. _____ CanSkate STARSkate/Competitive CanPowerSkate Dance Partner
3. _____ CanSkate STARSkate/Competitive CanPowerSkate Dance Partner

Please list additional coaches on a separate sheet.

After your club's AGM:

Mail / Email: Skate Canada - Eastern Ontario, 555 King St. W, Unit #2, Box 2209, Prescott, ON K0E 1T0 ☎ Fax: 613-925-1314 ☎ Email: eos@bellnet.ca

Mail / Email: Your Club's Regional Representative

Retain a copy for your club's records



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Coaches:

4. _____ CanSkate STARSkate/Competitive CanPowerSkate Dance Partner
5. _____ CanSkate STARSkate/Competitive CanPowerSkate Dance Partner
6. _____ CanSkate STARSkate/Competitive CanPowerSkate Dance Partner
7. _____ CanSkate STARSkate/Competitive CanPowerSkate Dance Partner
8. _____ CanSkate STARSkate/Competitive CanPowerSkate Dance Partner
9. _____ CanSkate STARSkate/Competitive CanPowerSkate Dance Partner

Additional Information: