

Information Sheet

Name: _____ Age: _____ Current Level of skating: _____

Discipline: (Please circle all that apply) **FREESTYLE** **DANCE** **PAIRS** **SYNCHRO**

Coaches: _____

Skating Tests Passed in the Past Year:

- 1)
- 2)
- 3)
- 4)
- 5)

Competition Results in the Past Year:

- 1)
- 2)
- 3)
- 4)
- 5)
- 6)

How many hours a week do you skate? (Please circle one)

Less than 1hr. **1-3hrs.** **4-6hrs.** **7-10hrs.** **11-15hrs.** **More than 15 hrs.**

What school do you attend: _____

Grade/Year in School: _____ Current GPA: _____

Please attach a copy of your last report card if you are applying for a scholastic award

Are you involved with any school activities/clubs? (Please circle one) **YES** **NO**

If yes, please list these activities:

- 1)
- 2)
- 3)
- 4)

If you are a Graduating High School Senior, where do you plan to attend college?

Do you work? (please circle one) **YES** **NO**

If yes, how many hours a week do you work? _____ **hrs.**

Where do you work? _____

What other activities are you involved in outside of skating and school?

- 1)
- 2)

Do you take part in any community service? (Please circle one) **YES** **NO**

If yes, please list these activities with a brief description:

- 1)
- 2)