

2nd Annual "Test and Tune" Clinic

Pre-Registration Form - \$30.00

Please Fill Out ALL Sections!

Name: _____ Age _____ .

Address _____ City, _____ Zip _____ .

Email address: _____ .

Club/Team _____ Coach(s) _____ .

Years Skated: _____ Division: _____ Indoor/Outdoor _____ .

Strengths: _____ .

_____ .

_____ .

Things I Want To Improve On: _____ .

_____ .

_____ .

Competitive Goals: _____ .

_____ .

_____ .

Payment Method: Circle one Cash Money Order Check