

Port Stanley Ice Breakers Registration Form

I am attending this session for the purpose of: Workshop Tryout (Please mark one)

Are you trying out for any other teams? Yes No If Yes, where? _____

Name: _____ D.O.B. _____

Address: _____ Postal Code: _____

Phone: _____ Cell Phone: _____

Email address: _____

Age as of July 1st, 2008: _____ SC#: _____

Highest freeskate test passed: _____

Highest dance test passed: _____

Highest skating skill/figure test passed: _____

Highest interpretive test passed: _____

Years you have skated synchro: _____

Coach Evaluation:

Turns:			
3 turn (fwd)	3 turn (bwd)	Mohawk	Dbl 3
Bracket	Twizzle 1/2	Choctaw	Rocker

Choreographic Effort:		
Poor	Good	Excellent

Offered a team position: Yes No

Letter Sent: _____

Position: Accepted