Please bring completed form with you to pictures on February 17<sup>th</sup>.

NAME:
SHOW NUMBERS featured in show: (List the name of the song(s) you will be skating in – (refer to cast list)
1
34
AGE:
Parents/Guardians:
GRADE in SCHOOL: SCHOOL ATTENDING:
YEARS in SKATING LEVEL in SKATING:  BASIC or FREESKATE CLASS (circle): LEVEL:
Please list any competitions that you participated in:
COMPETITORS: Tests Passed: Moves in the Field Freeskate  Dance  Level in competition this year:
Please answer question #1 and choose two or three other questions below to answer. Answer each question neatly in a complete sentence.
<ol> <li>What do you love most about ice skating?</li> <li>What makes you smile?</li> <li>What makes you unique?</li> <li>If I were a parent I would</li> <li>Who is your hero and why?</li> <li>My favorite thing to do in my free time is</li> <li>If I could be anything I wanted, I would</li> <li>Something I like to do for others is</li> </ol>