



**ATTENTION**  
**ALL COMPETITIVE SKATERS**

**COS**  
**ON-SITE COMPETITIVE**  
**TESTING**

at  
**Skate Canada – Central Ontario**  
**FIGURE SKATING BOUTIQUE**  
**SUMMER SKATE 2009**  
Thornhill Community Centre, Thornhill, Ontario  
August 13 - 16, 2009

**TRY YOUR TEST WHILE YOU COMPETE IN YOUR CATEGORY!!**

Skate Canada has approved a policy whereby a competitor can compete in the competition and try a competitive test at the same time!

Skate Canada well balanced program criteria will apply to every test. Separate applications must be submitted; one for the competition and one for the test (see attached test application). Keep in mind that the test you wish to try must correspond to the event you enter, i.e. if you wish to try your Novice Competitive Test you must be entered into the Novice Competitive category.

There will be a Test Chairperson assigned to manage all the tests on-site at the competition. You will be contacted only if your application cannot be serviced.

**REGISTRATION FEE:** \$30.00 per skater  
Cheque payable to Skate Canada - Central Ontario  
*A separate cheque must be provided for the test fee and competition fee.*

**RECEIVED BY:** July 8, 2009

**REFUNDS AND WITHDRAWALS:** Full refunds will be given for any cancelled categories. If an entry is withdrawn prior to July 8, 2009, a refund (less an administrative fee of \$10.00 per skater) will be granted. **NOTE: NO REFUNDS will be granted after July 8, 2009.**

Please complete the Test Application form below. A letter of permission from your home club must be included.

Return to:  
SKATE CANADA-CENTRAL ONTARIO  
111 SNIDERCROFT ROAD, UNIT A  
CONCORD, ON  
L4K 2J8  
Phone # 905-760-9100 ext. 227  
Patrick Way– Judges Bureau



# COS ON-SITE COMPETITIVE TESTING

## APPLICATION FORM

PLEASE PRINT OR TYPE ON COMPUTER

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ PHONE #: \_\_\_\_\_ MALE/FEMALE: \_\_\_\_\_

SC # \_\_\_\_\_ HOME CLUB: \_\_\_\_\_ CLUB #: \_\_\_\_\_

HOME CLUB MAILING ADDRESS: \_\_\_\_\_

OFF SEASON SCHOOL: \_\_\_\_\_

COACH NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

COACH ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

POSTAL CODE \_\_\_\_\_ COACH NCCP #: \_\_\_\_\_ COACH SC # \_\_\_\_\_

COACH SIGNATURE OF APPROVAL: \_\_\_\_\_

*(COACH MUST SIGN)*

NAME OF PARTNER: \_\_\_\_\_ WILL PARTNER BE TRYING TEST?  YES  NO

*(WHERE APPLICABLE)*

TEST TO BE TRIED:

SINGLES	TEST (check)	Total Fee
Juvenile		
Pre-Novice		
Novice		
Junior		
Senior		
<b>Total Fee</b>		

PAIR	Free (check)	Total Fee
Juvenile		
Pre-Novice		
Novice		
Junior		
Senior		
<b>Total Fee</b>		

DANCE	Free Dance (check)	Total Fee
Novice		
Junior		
Senior		
<b>Total Fee</b>		

**(FEE: \$30.00 per skater) - \$20 test fee \$10 administration fee per skater**

RECEIVED BY: **July 8, 2009**

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MAIL: - APPLICATION  
 - CHEQUE payable to SKATE CANADA - CENTRAL ONTARIO (Separate cheque for competition entry fee)  
 - HOME CLUB'S LETTER OF PERMISSION

TO: **SKATE CANADA – CENTRAL ONTARIO**  
**111 SNIDERCROFT ROAD, UNIT A, CONCORD, ON, L4K 2J8**  
 Phone # 905-760-9100 ext. 227, Patrick Way, Judges Bureau

Skate Canada well balanced program criteria guidelines will apply. Applications will be processed on a first received basis. You will be contacted only if your application cannot be processed. Competition and test applications may be mailed together (separate cheques for competition entry fee and test fee)



**PERMISSION TO TRY TESTS AT  
SKATE CANADA – CENTRAL ONTARIO  
FIGURE SKATING BOUTIQUE  
SUMMER SKATE 2009**

This letter of permission must accompany the application form for on-site testing at the Skate Canada – Central Ontario Figure Skating Boutique Summer Skate 2009 competition.

Received by: **July 8, 2009**

This is to certify that \_\_\_\_\_

Skate Canada # \_\_\_\_\_ is a member in good standing of the \_\_\_\_\_ club and Club # \_\_\_\_\_.

He/She has permission to try \_\_\_\_\_ test(s) at

***Skate Canada – Central Ontario Figure Skating Boutique Summer Skate 2009 on August 13 - 16, 2009.***

Signature of Home Club Test Chairperson: \_\_\_\_\_

Date approval given: \_\_\_\_\_