



2010 Staging Camp

Participant information sheet

Please return this form to Skate Canada Manitoba

Email: skate.pc@sportmanitoba.ca

Mail: 200 Main St. Winnipeg, MB R3C 4M2

Fax: (204) 925-5924

Attending

Not Attending

PLEASE print

Region: _____

Name: _____

First

Last

Address: _____

Street

City

Postal Code

Phone #: _____ **Email:** _____

Parent/Guardians Name: _____

First

Last

Home Phone: _____ **Cell Phone:** _____

Other Emergency Contact: _____

Name

ph#

Manitoba Medical # _____

Male

Female

Skater

Coach

Manager

Competitive Ladies Level 1 (Pre-Juvenile & Juvenile)

Competitive Ladies Level 2 (Pre-Novice & Novice)

STARSKATE Ladies

Combined Men

Medical conditions/allergies/special dietary needs: _____

