TEST REGISTRATION and AUTHORIZATION FORM

NAME : _____ SKATE CANADA _____
Skater Skater

NAME OF COACH : _____

NAME : _____ SKATE CANADA _____
Home club Home club

Registration fees : **25 $**

Check or money order to : **Fédération de patinage artistique du Québec**

Please send us this document and the check or money order with your registration form to the Championships.

Authorization :

We authorize the above-mentioned person, member of our club, to try a test.

DATE : **September 29 to October 3 – Georges-Éthier Memorial Competition**

TEST(S) TO BE TRIED : _____

This member respects all the necessary criteria to try this test. He is member of Skate Canada and of our club for the current year.

SIGNATURE : _____
Test Chairperson of the home club

DATE : _____

Julyl 2010 / dc