

Ice Skating

Agency / School: _____

Contact: _____

Phone: _____ Fax: _____

Name (Last, First)	M / F	Date of Birth	*25m asst	*50m asst	25m	50m	100m	300m	500m
Smith, John	M	01/14/1989				24.25		2:54.10	

** Assisted events are for wheelchair/walkers only*

Please note: All information must be completed for each athlete participating. In keeping with fairness in competition, no substitutions will be permitted after registration is submitted. (For divisioning purposes)

Athletes can participate in 2 events only. If necessary, age groups and gender will be combined to create proper divisions.