

Program Content

THIS FORM MUST RETURN BY THE: 2ND MAY 2008

Please fill in by computer or write in capital letters!

Province: _____	
Category: Men <input type="checkbox"/> Ladies <input type="checkbox"/>	Section: _____
Competitor(s): _____	

ELEMENTS IN ORDER OF SKATING

	Elements SP / OD
1	
2	
3	
4	
5	
6	
7	
8	

	Elements FS / FD
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	

Coaches Signature: _____

Date, Signature: _____

please return to:

Brenda Allely
W.P. Figure Skating,
The Ice Station, GrandWest
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Email: brenda@icerink.co.za