



# Program Content

**THIS FORM MUST RETURN BY THE: 5<sup>TH</sup> AUGUST 2011**

Please fill in by computer or write in capital letters!

<b>Province:</b>	<b>Date of Birth:</b>
<b>Category:</b> Men <input type="checkbox"/> Ladies <input type="checkbox"/>	<b>Section:</b>
<b>Competitor(s):</b>	<b>Coach:</b>
<b>Music: Title &amp; Artist</b> <b>Short Program</b>	
<b>Music: Title &amp; Artist</b> <b>Free Program</b>	

## 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	

please return to:

**Liz Bates**  
**C.G. Figure Skating,**  
**Fax: 086 689 6532**

Coach's Signature: