



Program Content

THIS FORM MUST RETURN BY THE: 15TH OCTOBER 2010

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: _____

please return to:

Liz Bates
C.G. Figure Skating,
Fax: 086 689 6532
Email: bateshome@wol.co.za

Date:

Signature: _____