

SKATER GOAL SHEETS

Name: _____

Parent's name(s): _____

Address: _____

Phone #: _____ Email: _____

D.O.B./Age: _____ Highest level passed: _____

I would like to work on the following: (mark as many as you would like)

<input type="checkbox"/> MIF	<input type="checkbox"/> DANCE
<input type="checkbox"/> FREESTYLE	<input type="checkbox"/> ARTISTRY
<input type="checkbox"/> JUMPS	<input type="checkbox"/> SPINS
<input type="checkbox"/> FOOTWORK	<input type="checkbox"/> Other _____

Short Term Goals (Tests you would like passed this year): _____

Long Term Goals (Complete all Novice Freeskate test by graduation, go to Nationals): _____

I would like to: (Mark as many as you would like)

<input type="checkbox"/> COMPETE	<input type="checkbox"/> TEST
<input type="checkbox"/> SKATE IN ICE SHOWS	<input type="checkbox"/> Other _____

Number of competitions I would like to compete at this year: _____

Specific competitions I would like to compete at: _____
