



Vancouver Island Region

VI Region Qualifying Competition Grant APPLICATION:

Name of Skater/Team: _____

Address: _____

City/Postal Code: _____

Phon Number: _____

Parent/Guardian Name: _____

Email Address: _____

Skate Canada Membership # _____

Event: _____

Date of Event: _____

Region Volunteer Participation: _____

Home Club: _____

Primary Coach Name: _____

Home Club Assessment Signature: _____

Coordinator-Print Name: _____

Coordinator Signature: _____