



Warwick Figure Skaters Synchronized Skating Tryouts 2010-2011 Season

Skater's Name: _____	Date of Birth: _____
Address: _____	Age as of July 1, 2010: _____
City: _____	State: _____ Zip: _____
Email: _____	Home Phone: _____
Home Club: _____	USFSA Membership #: _____
Mother's Name: _____	Father's Name: _____
Work Phone: _____	Work Phone: _____
Email Contact: _____	

USFSA Individual Experience

Basic Skills Level PASSED (Badge 1-8; FS1-FS4): _____

Moves In the Field Level PASSED: _____

Dance Level PASSED: _____

Freestyle Level PASSED: _____

Individual Coach(s) Name: _____

Synchronized Skating Team Experience

Last Team's Name: _____

Division Last Skated: _____

Years on Previous Team: _____

Previous Team(s): _____

How many hours do you skate each week (not including synchro skating)? _____

Please place a check mark (✓) next to the clinic/tryout you wish to attend:

	Clinic Dates	Times	Levels Required	I will attend
Clinic #1	April 11 th , 18 th , 25 th	Sundays 3:30–5:00PM	Passed Preliminary Moves	_____
Clinic #2	April 11 th , 18 th , 25 th	Sundays 5:00-6:30PM	Passed Freeskate 1	_____

Mail application to:
Kristine Wilkinson
95 Omaha Blvd
Warwick, RI 02889

For more information please contact Coach Kristine Wilkinson
Email Krisemc@aol.com or call 401-573-3561