ROLLERSKATING TRAINING DAY

 # OF LUNCHES_____ **# OF SKATERS_____**

SCHOOL/AGENCY_____COACH_____

PHONE_____FAX #_____E-mail_____

NAME	AGE	ABILITY LEVEL**	SKATE SIZE

**** ABILITY LEVEL: B- BEGINNER; I-INTERMEDIATE; A-ADVANCED**

THERE MUST BE ONE CHAPERONE FOR EVERY THREE ATHLETES.

1._____ 2._____

3._____ 4._____

ROLLERSKATING FUN DAY

 # OF LUNCHES_____ **# OF SKATERS_____**

SCHOOL/AGENCY_____COACH_____

PHONE_____ FAX #_____E-mail_____

NAME	AGE	SKATE SIZE

THERE MUST BE ONE CHAPERONE FOR EVERY THREE ATHLETES.

1._____ 2._____

3._____ 4._____