

**Dartmouth Skating Club
Assistance Application Form - revised 2009/2010**

Skater Name: _____

Date of Application _____

Cheque payable to: _____ *(parent's name)*

Application to be completed by skater or coach. Form to be endorsed by DSC executive member and submitted to DSC Treasurer within 30 days of event. Applications will not be processed until after the event has taken place. Completed applications may be placed in the session coordinator's folders in the Gray Arena for endorsement.

<p>Canskate Skater</p>	<p>Registered in club's winter program</p>	<p>1st Freestyle Solo \$ _____ Clinic \$ _____ (50%/\$100 max per fiscal year) Clinic Name: _____</p>	<p>Endorsed by DSC Program Manager: _____</p>	<p>Treasurer: Cheque # _____ Dated: _____</p>
<p>Junior Skater</p>	<p>Must be registered for at least 50% of available sessions</p>	<p>1st Freestyle Solo \$ _____ StarSkate Championship (first event only) \$ _____ Sectionals \$ _____ Clinic \$ _____ (50%/\$100 max per fiscal year) Clinic Name: _____</p>	<p>Endorsed by Junior Coordinator: _____</p>	<p>Treasurer: Cheque # _____ Dated: _____</p>
<p>Intermediate Skater</p>	<p>Must be registered for greater than 50% of available sessions during DSC winter school</p>	<p>StarSkate Championship (first event only) \$ _____ Sectionals \$ _____ Clinic \$ _____ (50%/\$100 max per fiscal year) Clinic Name: _____</p>	<p>Endorsed by Intermediate Coordinator: _____</p>	<p>Treasurer: Cheque # _____ Dated: _____</p>
<p>Senior Skater* <i>*Some exceptions may apply and any inquiries should be directed to the Program Manager</i></p>	<p>Registered for greater than 50% of available sessions during DSC winter school</p>	<p>StarSkate Championship (first event only) \$ _____ Sectionals \$ _____ Clinic \$ _____ (50%/\$100 max per fiscal year) Clinic Name: _____</p>	<p>Endorsed by Senior Coordinator: _____</p>	<p>Treasurer: Cheque # _____ Dated: _____</p>
<p>NS Team Skaters: required competitions and clinics. (excludes Sectionals and StarSkate championships)</p>	<p>Registered for greater than 50% of available sessions during DSC winter school.</p>	<p>Event: _____ Date: _____ Location: _____</p>	<p>Endorsed by Junior, Intermediate or Senior Coordinator: _____</p>	<p>Treasurer: Cheque # _____ Dated: _____</p>

Note: Recognition Gifts (\$100) to Skaters **qualifying** for National StarSkate, Eastern Challenge, Junior Canadians, Canadians. Skaters do not apply for gifts. President requests Treasurer to issue cheque to skater in advance of event. (The fiscal year of the DSC is September 1st to August 31st)