



**Audition Registration Form
2017-2018**

Skaters Name: _____

Birth Date: _____

Highest Level Passed:

Basic Skills: _____

Moves in the Field: _____

Free Skate: _____

Ice Dance: _____

Home Club: _____

Coaches Name: _____

USFS Number: _____

Previous Synchro Team: _____

Years of Skating Experience: _____

Parents Name: _____

Email Address: _____

Phone Number: _____