

Goulbourn Skating Club

MOVE REQUEST FORM

To: Registrar of Goulbourn Skating Club

Date: _____

Re: _____
(fill in name of skater)

Current level: _____
(current level or test passed for the named skater)

I, _____ would like to move _____
(fill in name of coach) (name of skater)

up to the _____ ice for the following time periods: _____
(level) (insert time periods)

This skater is strong enough to skate on the requested level.

Signature of coach

The following two coaches are familiar with the skater _____
(fill in name of skater)

and approve the request to move such skater to the level and time periods

indicated above.

Signature of coach

Signature of coach

This form, once completed, should be delivered to the Registrar of the Goulbourn Skating Club, or if the Registrar is not available, to the Coaching Representative, Move Committee member, or other executive member of the Goulbourn Skating Club.