



SKATER OF THE MONTH PROFILE

Name:.....

Age:.....

Favourite Skater &Why:.....

Hobbies:.....
.....
.....

Skating Goal/s:.....

.....
.....

How Long have you been skating?:.....

.....

What do you love about skating?:.....

.....
.....
.....

Iherby authorise the Ice Skating Club of Bendigo to use photographs of my child/children to be used for the purpose of promoting the club and its achievements.

(Signature/Date, parent/guardian to sign if member/s under 18 years)

Sign..... **Date**

Please print name.....

Telephone number.....

Please forward completed form to info@iscb.org.au