



goneyskateclub



# SUMMER SK8 SKOOL APPLICATION FORM

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## Personal details:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Mobile number: \_\_\_\_\_

Email: \_\_\_\_\_

## Skate details:

Skill level- beginner  < 6months  > 6months  good  very good

Skateboard lessons:  Inline hockey lessons:

Have equipment: yes  no

If yes: Skateboard  Helmet  Full pads (wrist, elbow, knee)  Inline skates

I want to join the Sk8 Skool because:

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### For official use only

Date received:

Club membership number:

Approved by:

Notes: