

ALFSC Lettering Form



Skater Information

Name	
Street Address	
City State Zip Code	
Home Phone/Cell Phone	
E-mail Address	
Grade in School	
USFSA Number	
Coach	

Public Events- from 7/1-6/30

1. _____
2. _____
3. _____

Volunteer Hours

Please list and provide proof of your 10 hours.

1. _____
2. _____
3. _____

On Ice Skating Hours

Please provide proof of a minimum of 50 hours of skating time from 7/1-6/30

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am awarded a letter, any false statements, omissions, or other misrepresentations made by me on this application may result in my letter being revoked.

Name (printed)	
Signature	
Date	