

Ann Arbor Figure Skating Club



Apprentice Program Application

Date of Application: _____

Program applying for: LTS Synchro Off-Ice Dance Other

Name: _____

Birth date: _____

Address: _____

City, State, Zip: _____

Telephone (home) _____ Telephone (Cell) _____

Email address: _____

High School/College name: _____

Year: Freshman Sophomore Junior Senior Graduate

Highest Tests Passed (if applicable):

MIF: _____ Date passed: _____

Freestyle: _____ Date passed: _____

Dance: _____ Date passed: _____

Applicant must be a first club member of AAFSC to be part of program and receive permission from program head or coordinator. The applicant must be a member in good standing with the AAFSC.

I have reviewed and understand the requirements for the Apprentice program. I understand it is my responsibility to complete each level of the program (if applicable) in order to be considered for the next level. I understand that if any of the requirements are not complete, it will delay the process within the program. The AAFSC cannot guarantee advancement in the program

Signature of Applicant: _____

Please return to Club Office

Approval of Applicant: Program Coordinator _____ Date: _____
HR Committee _____ Date: _____
AAFSC BOD _____ Date: _____
