

Special Skates

Buddy Registration Form

Name: _____

Address: _____

Telephone Number: _____

Age: _____

Please check: Male _____ Female _____ Student _____ Adult _____

If Student, please list school/grade: _____

Emergency contact name/telephone number:

Email Address:

Experience working with children with special needs is not a requirement to be a buddy in the “SPECIAL SKATES” PROGRAM. Though, if you do have any experience, please briefly enter it below. This will help us match you to a skater.
