

Ice Skating Queensland Inc.

Member of Ice Skating Australia Incorporated

State Headquarters

Administration Office: P.O. Box 82 Archerfield Q 4108

Phone: (07) 3277 7563 Fax: (07) 3036 4619

Website: www.isq.org.au Email: administrator@isq.org.au

Kathy Casey and Christy Krall Training Camp

Date: 28th June to 2nd July 2010

Venue: Iceworld Boondall
2304 Sandgate Road
Boondall QLD 4034

**Ice Skating Queensland is pleased to open
the Kathy Casey/Christy Krall Training Camp to**

Interstate Skaters & Coaches

There are limited positions available
so registration and payment is required by the closing date.

Once registrations are closed and the schedule confirmed
confirmation of your attendance will be advised to you in writing by 20th June.

Please do not make travel arrangements until your position in the camp has been
confirmed.

Registrations Close Tuesday 15th June, 2010

Registration is open to competitive skaters from Primary to Senior.

Cost per Skater is \$300

Coaches of competitive skaters are also invited to attend.

Cost per Coach is \$125

Please complete the attached form and return it to the office of Ice Skating Queensland

Ice Rinks

Iceworld Acacia Ridge:

Iceworld Boondall:

1179 Beaudesert Road Acacia Ridge 4110

2304 Sandgate Road Boondall 4034

Phone: (07) 3277 7563 Fax (07) 3036 4619

Phone: (07) 3865 1694 Fax (07) 3865 1538

Financially assisted by the Queensland Government
to get more Queenslanders active through sport and recreation

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Registrations Close 15th June, 2010

Interstate Skaters & Coaches

Cost \$300 per Skater - Coaches \$125 (must be members of APSA)

NAME Date of Birth:.....

ADDRESS.....

.....Post Code.....

Telephone Home:..... Mother's work

Fathers work:..... Mobile

Member of which State:..... Membership No.

Skaters details:-

Test Level:-Date passed.....

Highest consistent (demonstrable) jump.....

Competition Level 2009:-
.....

Competition Level 2010:-
.....

I enclose the camp fee of \$..... (all fees include GST) Credit Card Facilities are available.
Please complete credit card details.

Credit Card Payments Visa / MasterCard Card No. / / / / Expiry Date.... /

Name on Credit Card: Cardholders Signature:.....

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