SKATE CANADA NOVA SCOTIA SESSION RECORD

Date: _____ Facility Name: _____

Start Time of Session: _____ End Time of Session: _____

Name of Person submitting: _____ Phone #: _____

	Name	Address	Skater or Coach	Phone #
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Records to be completed every day for each skating session and submitted to skatecanadans@sportnovascotia.ca weekly
failure to do this will result in loss of ice