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**BUDDY PROGRAM APPLICATION**

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| --- | --- |
| **Skater’s Name:** |  |
| **Sex and Age:** |  |
| **Parent’s Name, Email, Phone #:** |  |
| **Goals:** (Competition, Testing, Recreational?) |  |

Typical Skating Schedule:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Day** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **Skate Times** |  |  |  |  |  |  |  |
| **Rink Location** |  |  |  |  |  |  |  |
| **Freestyle or Public?** |  |  |  |  |  |  |  |

*IN ORDER TO BEST MATCH BUDDIES, PLEASE ANSWER THE FOLLOWING QUESTIONS:*

|  |  |
| --- | --- |
| PARENT: Why do you want your child to have a buddy? |  |
| CHILD: Why do you want to have a buddy? |  |
| What does your child like to do outside of skating? Art, soccer, science, etc. |  |
| Tell us a little about your child’s personality, likes and dislikes: |  |
| What traits in a buddy would be best for your child? Quiet and reserved? Outgoing? Introspective? |  |
| How is your child in large social gatherings or are smaller gatherings preferred? |  |
| Additional comments or requests? |  |