



Age Category Reclassification Form

*The following form must be submitted to the SSC National Office at least **six (6) weeks** prior to the start of the event.*

BRANCH REPRESENTATIVE

First Name

Email

Last Name

Phone Number

Branch

SKATER INFORMATION

First Name

Email

Last Name

Phone Number

Branch

SSC#

Address

City Province/Territory Postal Code

PARENT INFORMATION

First Name

First Name

Last Name

Last Name

Email

Email

Phone Number

Phone Number

FOR SSC NATIONAL OFFICE

Date Received

Decision

Received By

Decision Date

Comments:

Please explain your request:

A large, empty rectangular box with a thin black border, intended for the user to provide a detailed explanation of their request. The box occupies most of the page below the instruction.

REQUIRED DOCUMENTS

Please complete the fields below and identify the file name of any supporting documents in the appropriate sections. Please attach **ALL** of the files to the final E-Mail submission.

List of competitions
and training
attended in past year

File Name

Physiological
Testing

File Name

Height Records

File Name

Example of successful participation in other sporting competitions:

File Name

Letter from Provincial/
Territorial coach

File Name

Letter from skater's coach

File Name

List of steps from Provincial/
Territorial sport organization

File Name

Additional/Supporting Document #1

Description	
-------------	--

File Name

Additional/Supporting Document #2

Description	
-------------	--

File Name

Remember to please attach **ALL** of the referenced files to the final E-Mail submission.