

REGISTRATION/GET TO KNOW YOU FORM

As a participant you are important to us. Therefore, we have included a tool to get to know a little bit about you, in order that we can facilitate the best possible session for your needs. Information you provide us is not shared with anyone else.

Full Name _____ Age _____ Gender _____

Mailing Address _____

City _____ Province/State/District _____

Postal Code/Zip Code _____ Country _____

Cell Number _____

Email Address _____

1. What is one thing that makes you unique?

2. What are some of your interests, other than skateboarding?

3. List 3 things you love about skateboarding?

a) _____ b) _____ c) _____

4. How many years have you been skateboarding?

5. What is the most important thing you wish to take away from this training?

ISCP® (International Skateboard Certification Program) & SKATZ® (Stance, Kicks, Axles, Transfers, Zen)

A division of the Canadian Skateboard Park & School Association

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