



Featured Skater Questionnaire

Required:

Skater Name: _____ Age: _____

Level: _____

Coach(es): _____

Skating Goal: _____

Favorite Jump: _____

Favorite Spin: _____

Favorite Famous Skater(s): _____

Favorite Skating Memory: _____

Answer as many of the following as you like:

Hobbies: _____

Other sports and/activities: _____

Have you always skated for BFSC? _____

If not, who else? _____

Other bio information you'd like to include: _____
