



**Yorkshire Alpine Ski Squad**  
**Application Form**

Please complete this form if you wish to be considered for selection to the Yorkshire Alpine Ski Squad.

Forename	
Surname	
Address	
Post Code	
Phone Number	
Mobile Number	
Email Address	
Ski Club	
Coach	
Coaches Phone Number	
Coaches Email Address	

I have achieved the Yorkshire Squad selection criteria at the following events in the past twelve months;

Date	Event	Venue	Your Points (including penalty)

I confirm that the above information is correct and that I will be available for selection.

Signed

Date

Parent/Guardian Signature (if under 18 years)

Date

**N.B.** This application must be submitted before 16<sup>th</sup> November 2008 to be considered for selection. If we do not receive an application the selectors will consider that you do not wish to be selected to the squad.

Please post to:        YSF Alpine Squad Manager  
                                 c/o 2 New Brighton  
                                 Gargrave  
                                 Skipton  
                                 North Yorkshire  
                                 BD23 3NS