

MUSIC ROOM OPERATOR APPLICATION
2010/2011 WINTER SESSION

NAME: _____

Phone Number: _____

Alternate Phone Number: _____

E-mail: _____

Please circle which sessions you are interested and available to work and indicate priority choice (1,2,3 etc):

DAY	TIME	SESSION	PRIORITY/NOTE
Sunday	3:00 – 3:45	Can Skate 1	1 2 3
	3:45 – 4:30	Can Skate 2	1 2 3
	4:40 – 5:40	A	1 2 3
	5:40 – 6:40	B	1 2 3
	6:50 – 7:50	C	1 2 3
	8:00 – 9:15	D & E	1 2 3
	9:15 – 10:00	Adult	1 2 3
Monday	4:10 – 5:50	E	1 2 3
	6:00 - 7:00	D	1 2 3
Tuesday	3:40 – 4:50	D & E	1 2 3
	5:00 – 6:00	B	1 2 3
	6:00 - 7:00	C	1 2 3
Wednesday	4:10 - 5:25	D	1 2 3
	5:35 - 6:50	E	1 2 3
Thursday	4:10 - 5:25	C	1 2 3
	5:35 – 6:20	Can Skate 1	1 2 3
	6:20 – 7:05	Can Skate 2	1 2 3
	7:05 - 8:05	A	1 2 3
	8:15 - 9:30	E	1 2 3
	Friday	4:10 - 5:35	D
5:45 - 7:00		B	1 2 3

Are you available/interested in working on Special Events or Test Days? Yes No
Please note that new operators will be given CanSkate & A sessions first. If we are short operators then they will be assigned the higher sessions.