

# PROGRAM ASSISTANT APPLICATION

## 2010/2011 Winter Season

NAME: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Sessions for which you are interested and available to work (please circle), indicate priority choice (1,2,3 etc)

<b>DAY</b>	<b>TIME</b>	<b>SESSION</b>	<b>PRIORITY</b>
<b>Sunday</b>	<b>3:00 – 3:45</b>	<b>Can Skate 1</b>	<b>1 2 3</b>
	<b>3:45 – 4:30</b>	<b>Can Skate 2</b>	<b>1 2 3</b>
	<b>4:40 – 5:40</b>	<b>A</b>	<b>1 2 3</b>
<b>Thursday</b>	<b>5:35 - 6:20</b>	<b>Can Skate 1</b>	<b>1 2 3</b>
	<b>6:20 - 7:05</b>	<b>Can Skate 2</b>	<b>1 2 3</b>
	<b>7:05 - 8:05</b>	<b>A</b>	<b>1 2 3</b>

Please note that the more senior skaters will be offered the A sessions.