

## CLUB OPEN COMPETITION DATE REQUEST FORM

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

CLUB CONTACT: \_\_\_\_\_

CLUB EMAIL: \_\_\_\_\_

PREFERRED COMPETITION DATE: \_\_\_\_\_

ALTERNATE COMPETITION DATE 1: \_\_\_\_\_

ALTERNATE COMPETITION DATE 2: \_\_\_\_\_

Please return this form to the GBSA Office at [office@gbskateartistic.co.uk](mailto:office@gbskateartistic.co.uk)

