



SKATECANADA
WESTERN ONTARIO

COMMEMORATIVE MILESTONES ORDER FORM

CLUB NAME: _____

CLUB CONTACT: NAME: _____

PHONE: _____

DATE OF CLUB INCEPTION: _____

DATE OF CLUB AGM: _____

CARNIVAL DATE: _____

25 YEARS

50 YEARS

75 YEARS

DELIVERY ADDRESS:

(PRINT CLEARLY)

NAME: _____

ADDRESS: _____

CITY/TOWN: _____

POSTAL CODE: _____

Please email, fax, or mail form to:

Skate Canada Western Ontario

237 Consortium Court

London, ON

N6E 2S8

wos@execulink.com

Fax: 519-686-0593

Tel: 519-686-0431