

**EOSSAA ALPINE SKIING CHAMPIONSHIP
PRACTICE ELIGIBILITY FORM**

Association: _____ School: _____

Date: _____

Please list the practices attended by each athlete.

Athlete's Name	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Total Number of Practices

Athlete eligibility is based on each participant attending a minimum of eight (8) team practice sessions and/or competitions.

Signature of Coach

Signature of School Principal