

Application for Competition Sanction

Please Print Clearly or Type

Skate Canada – Western Ontario

Region: _____	<table border="1" style="width: 100%; height: 30px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>								

Competition Name _____	
Date(s) of Competition _____	
City, Town or Village _____	
Province _____	Postal Code _____

Is an Admission Fee Being Charged?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Who Receives Profit from Competition? _____		
Are Any U.S. Skaters Involved in Competition?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
U.S. Sanction Applied For?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

TYPE OF COMPETITION AND SANCTION FEE

<input type="checkbox"/> INVITATIONAL (Rule 5105) (no sanction fee)	<input type="checkbox"/> SYNCHRO SECTIONAL OR INVITATIONAL (Rules 5902 or 5105) (no sanction fee)
<input type="checkbox"/> SECTIONAL (Rule 5501d) (no sanction fee)	
<input type="checkbox"/> OTHER (Give details. If there is insufficient room, include details on a blank sheet of 8 1/2" X 11" paper and attach it to this form) (Sanction fee, if any, to be determined by Section Board)	

PROMOTIONAL (Rule 1105)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	CABLE TV <input type="checkbox"/>	OTHER <input type="checkbox"/>
Name of Network _____				
Name of Program _____				
Sponsored?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Details: _____				

SANCTION TO BE MAILED TO:	
Name in Full (PLEASE PRINT) _____	
House # or Apt. # and Street _____	
City, Town or Village _____	Province _____
(_____) Home Phone # _____	Postal Code _____
(_____) Fax # _____	
E-Mail Address _____	
Signature _____	

Approved YES <input type="checkbox"/> NO <input type="checkbox"/>	Approved By _____	Date Approved Day Mo. Yr.	WO Sanction No.
Appointed Tech Rep _____		Appointed Chief Data Specialist _____	
Appointed Computer Data Specialist _____			
Comments: _____			

NOTES: 1) Return all copies of completed form to WO Championship / Events Chair:
 Attention: Keith Fishwick, RR #3 Princeton, Ontario, N0J 1V0, keithf@xplomet.com
 2) Gray areas are for Section use ONLY.