



2011-12 WO SYNCHRONIZED SKATING TEAM ENTRY FORM

OFFICE USE ONLY

Competition Name: _____

No: _____

Competition Date: _____

Category: _____

Competition Location: _____

Date rec'd: _____

Post Mark Date: _____

PLEASE PRINT CLEARLY

Total Amount Pd: _____

TEAM Name: _____ Skate Canada/USFSA Team registration #: _____

Home Club Name in Full: _____ Section: _____

Team Contact Name: _____ Phone # () _____

Team Contact e-mail Address: _____ Fax #: () _____

Team Contact Address: _____
Street City / Town Prov Postal Code

Name of Coach (1): _____ Phone # () _____

e-mail address: _____

Name of Coach (2): _____ Phone # () _____

e-mail address: _____

CATEGORY ENTERED

CATEGORY ENTERED: _____

For Combined Categories – Team must skate the Short Program to be eligible to skate the Free Program
The MASTER Team list of skaters with complete information must accompany this entry form. Skate Canada TEAM list may be used.
Skate Canada rules regarding substitution of skaters will be adhered to at all WO events.

PROOF OF AGE MAY BE REQUESTED AT REGISTRATION FOR CATEGORIES WITH AGE RESTRICTIONS.

ENTRY FEES

TEAM FEE (AS STATED IN COMPETITION ANNOUNCEMENT) = \$

NUMBER OF SKATERS @ \$15.00 PER TEAM MEMBER (including alternates) = \$

NOTE: A \$100.00 Late Fee may be assessed if entry accepted after the closing date. TOTAL: \$

CERTIFICATION OF CATEGORY & TEST ELIGIBILITY

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE. THE TEAM AND ALL MEMBERS OF THE TEAM ARE MEMBERS IN GOOD STANDING WITH SKATE CANADA AND/OR USFSA AND IS ELIGIBLE FOR THE CATEGORY(S) ENTERED.

Signature-Home Club SYNCHRO CO-ORDINATOR or President: _____

Phone #: () _____ E-mail address: _____

Please refer to the Skate Canada – Western Ontario Competition Announcement at www.skating-wos.on.ca for applicable event category(s) and Entry fee information. A SEPARATE ENTRY FORM MUST BE SUBMITTED FOR EACH TEAM AND FOR EACH CATEGORY ENTERED. EACH ENTRY MUST BE ACCOMPANIED WITH PAYMENT. The TEAM MANAGER must have in his/her possession the birth certificates and other required documentation. PROOF OF AGE MAY BE REQUESTED AT REGISTRATION FOR ENTRIES WITH AGE RESTRICTIONS.

Cash is not the preferred method of payment. Postdated cheques will NOT be accepted. NSF Charges of \$40.00 apply (**Teams will NOT be allowed to compete until all Entry Fees and NSF charges are paid in full**). Entry will NOT be accepted unless COMPLETED IN FULL including signatures and is ACCOMPANIED by the CORRECT entry fee. Incomplete entry forms (including improper signatures) will be returned to the team with no guarantee of entry. Each entry must be accompanied by a cheque or money order and forwarded with this entry form to the REGISTRAR of the competition as indicated in the applicable competition announcement. For further information contact the Local Organizing Committee Chair (Telephone & e-mail Information is included in the Announcement

ENTRY MUST BE RECEIVED BY CLOSING DATE

This form may be duplicated as needed.

Sanctioned by SKATE CANADA – WESTERN ONTARIO and / or the USFSA



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WO SYNCHRONIZED SKATING TEAM LIST

No: _____
 Category: _____
 Date Rec'd: _____
 PM Date: _____
 Total Amount Pd: _____

HANDWRITTEN TEAM LISTS ARE NOT ACCEPTABLE. PLEASE SUBMIT YOUR TYPEWRITTEN or COMPUTER TEAM LIST USING THIS FORMAT INCLUDING ALL INFORMATION REQUESTED.

Please refer to the Skate Canada – Western Ontario Competition Announcement at www.skating-wos.on.ca for applicable event category(s) and Entry fee information. Specify complete category name as listed in the WO Competition Technical Package. **A SEPARATE ENTRY FORM ACCOMPANIED WITH PAYMENT MUST BE SUBMITTED FOR EACH TEAM AND EACH CATEGORY ENTERED.**

CATEGORY ENTERED:

The MASTER Team list of skaters with complete information must accompany the entry form. Skate Canada TEAM list may be used. Skate Canada rules regarding substitution of skaters will be adhered to at all WO events. **PROOF OF AGE MAY BE REQUESTED AT REGISTRATION FOR CATEGORIES WITH AGE RESTRICTIONS.**

LIST OF TEAM MEMBERS INCLUDING ALTERNATES

TEAM NAME:		Skate Canada or USFSA #:
CLUB NAME:		SECTION:
Coach (1):		Coach 1 e-mail:
Coach (2):		Coach 2 e-mail:
Manager:		Manager's Phone #: ()
Chaperone (1):		Manager's e-mail:
Chaperone (2):		

No.	Skater's Name	M / F	Date of Birth (dd / mm / yyyy)	SC / USFSA Reg. Number
1				
2				
3				
4				
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6				
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Please list additional names to new page