

2011-12 WO COMPETITION ENTRY FORM

OFFICE USE ONLY

Competition Name: _____

No: _____

Competition Date: _____

Category: _____

Competition Location: _____

Date Rec'd: _____

PM Date: _____

Total Amt Pd: _____

PLEASE "TYPE" OR PRINT CLEARLY -

Competitor's Name: _____ Male _____ Female _____
First Name: Last Name:

Skate Canada / USFSA # _____ Home Club: _____ Section: _____

Age as of Closing Date: _____ Birth Date: ____/____/____ Phone #: ()
dd mm yyyy

Highest Complete Test Passed applicable to "CATEGORY" entered: _____

Competitor's Address: _____
Street: City / Town Province Postal Code

Competitor's/Contact Person's email address: _____ Phone # ()

Name of Coach: _____ Ph. # ()

Coach's email address: _____ **Coach's Signature:** _____
(certifies Test and Age requirements for entrant)

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 CATEGORY ENTERED. EACH ENTRY MUST BE ACCOMPANIED WITH PAYMENT. PAIR AND DANCE ENTRIES MUST BE SUBMITTED TOGETHER. PROOF OF AGE MAY BE REQUESTED AT REGISTRATION FOR ENTRIES WITH AGE RESTRICTIONS.

You are advised that categories and/or events may be FULL prior to the closing date - Please register early.

PRINT "CATEGORY TYPE" IN FULL - Specify complete category name as listed in Technical Package

CATEGORY ENTERED: _____ CanSkate Only - AGE LEVEL: _____

ENTRY FEE: _____ PARTNER'S NAME (if applicable): _____

Please CIRCLE: CanSkate category WO "Limited" category STARSkate category WO Development Program category
 WO Pre-Juvenile category Competitive category Special Olympics category - Region _____ SO Reg. # _____

OTHER CATEGORY(S) ENTERED (if applicable): _____

INTERPRETIVE TITLE (if applicable): _____

CERTIFICATION OF CATEGORY & TEST ELIGIBILITY

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE. THE COMPETITOR IS A MEMBER IN GOOD STANDING AND IS ELIGIBLE FOR THE CATEGORY(S) ENTERED.

Signature-Home Club TEST CHAIR / PRESIDENT: _____ Ph. #: ()

The athlete hereby acknowledges and hereby consents to the use of his or her name, biography and likeness on or in connection with any television or radio program, video/DVD, print media or the advertising and publicizing of such program as may be designated by Skate Canada - WESTERN ONTARIO and waives all rights to remuneration or otherwise in connection with the above. The foregoing is subject to assurance that the eligible status of the athlete will be fully protected by Skate Canada.

Signature of COMPETITOR: _____ Date: _____
(Parent / Guardian Signature if skater is under 18 years of age)

Cash is not the preferred method of payment. Postdated cheques will NOT be accepted. NSF Charges of \$40.00 apply. **SKATERS 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 ORIGINAL signatures and is accompanied by the CORRECT entry fee. Incomplete entry forms (including improper signatures) will be returned to the skater 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 included on Page 2 of the Announcement. **ENTRY MUST BE RECEIVED BY MIDNIGHT ON CLOSING DATE as provided in the specific announcement. This form may be duplicated as needed.**

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