##### BC/YK Open Synchronized Skating Championships



##### TEAM ENTRY FORMS \*

Please read and complete this package carefully. Please print clearly.

|  |
| --- |
|  CATEGORY *(check ✓)*  [ ]  Beginner I [ ]  Beginner II [ ]  Elementary [ ]  Juvenile [ ]  Pre-Novice [ ]  Novice  [ ]  Intermediate [ ]  Open [ ]  Junior  [ ]  Senior [ ] Adult SYS Class I [ ]  Adult SYS Class II [ ]  Adult SYS Class IIITEAM NAME: CLUB: CLUB #: SECTION: TEAM MANAGER:  ***(Surname)******(First name)*** ***(Street)*** ***(City) (Province/State) (Postal Code)***🕿( ) FAX #: ( ) E-mail: TEAM COACH:  ***(Surname)******(First name)*** ***(Street)*** ***(City) (Province/State) (Postal Code)***🕿( ) FAX #: ( ) E-mail: TOTAL NUMBER OF TEAM MEMBERS CHOREOGRAPHER: DESCRIPTION OF TEAM COSTUMESSHORT PROGRAM:  FREE PROGRAM: **Registration forms should be returned NO LATER THAN DECEMBER 2, 2014 to** **BC/YK Section****#2 – 6501 Sprott Street, Burnaby, BC, V5B 3B8****Email:** [**bcyksection@skatinginbc.com**](bcyksection%40skatinginbc.com) |
| **Entry fee: $250.00 per team plus $30.00 per skater, Cheques payable to BC/YK Section - Skate Canada** |



##### BC/YK Open Synchronized Skating Championships ACCREDITATION FORM

##### *(PLEASE PRINT CLEARLY)*

TEAM NAME:

CATEGORY *(check ✓)*

 [ ]  Beginner I [ ]  Beginner II [ ]  Elementary

 [ ]  Juvenile [ ]  Pre-Novice [ ]  Novice

 [ ]  Intermediate [ ]  Open [ ]  Junior

 [ ]  Senior [ ] Adult SYS Class I [ ]  Adult SYS Class II

 [ ]  Adult SYS Class III

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|  | NAME | Date of Birth (d/m/y) | Place of Birth | Skate Canada/USFSA Registration # |  |
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| FUNCTION | Name | Skate Canada/USFSA Registration # |
| Team Coaches (max. 2) |  | NCCP Level: |  |
|  |  | NCCP Level: |  |
| Team Manager |  | -- |
| Team Chaperones (max. 2) |  | -- |
|  |  | -- |

\* A maximum of 5 support staff will be accredited.

\* Two coaches, one team manager and two chaperones for a total of five people per team will be accredited.

\* Team chaperones will be allowed in the dressing rooms ONLY.

DO ALL TEAM MEMBERS MEET THE AGE REQUIREMENTS AS LISTED IN THE EVENT ANNOUNCEMENT? ❑ YES ❑ NO

I confirm that all information included in this registration form is correct and meets the requirements as listed in the event announcement.

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 Coaches Name Signature Date

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 Team Managers Name Signature Date

**PLANNED PROGRAM SHEETS:** Planned program sheets must be emailed to the registrar at bcyksection@skatinginbc.com BEFORE December 13, 2014.

OFF ICE PRACTICE: Off-ice practice is available at a cost of $40.00 for a 30 minute block. The facility is located across the parking lot from the Arena complex. A separate registration form for this off-ice practice will be sent to all teams once the schedule is finalized.