

Please return completed form and fees to:
SKATE CANADA: ALBERTA – NWT/ NUNAVUT

11759 Groat Road, Edmonton, AB T5M 3K6
 Phone: (780) 415-0598 Toll Free: (866) 294-0663 Fax: (780) 427-1734
 Email: skateab2@telus.net

APPLICATION FOR SANCTION – CARNIVAL / EXHIBITION

Skate Canada Club Name: _____ Skate Canada Club #: _____

Date(s) of Event: _____ City: _____ Name of Event (if applicable): _____

Contact Person: _____ Phone: _____ Email: _____

Number and Status of the skaters participating: # _____ Eligible Restricted Other
(amateur) (professional) (please provide a list)

Media Coverage of Event? Yes No
 If yes, please provide program name and network: (Rule 2207) _____

Is an admission fee being charged? Yes No Donations Accepted

Is the event being sponsored? Yes No If so, who receives the profits? _____

Carnivals:	Exhibitions:
<input type="checkbox"/> Skate Canada Member Club \$25.00 admin fee	<input type="checkbox"/> Non-member Club \$35.00 fee
<input type="checkbox"/> Skating in Non-member Club Carnival \$35.00 fee	<input type="checkbox"/> Hockey Club (e.g. flags) \$35.00 fe
Club Name: _____	<input type="checkbox"/> Charity Event No Charge
	<input type="checkbox"/> Other: _____ \$25.00

Please list the names of ALL Skate Canada members involved as Guest Skaters for Carnivals or Exhibitions. Guest Skaters for Carnivals must have a consent letter from their Home Club. National Team Members (Sr., Jr. & Developmental) must be sanctioned through the National Office by calling the Athlete Services Coordinator at 1-888-747-2372 ext. 2617.

Complete List Attached

Guest Skaters Name(s)	Home Club	Consent Letter Attached
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>

SANCTION TO BE RETURNED TO:

Name: _____

Address: _____ City: _____

Postal Code: _____ Phone: _____ Email: _____

- **A LATE FEE OF \$25.00 WILL BE APPLIED TO ALL SANCTIONS RECEIVED INTO THE SECTION OFFICE LESS THAN FOURTEEN DAYS PRIOR TO THE EVENT.**
- **SANCTION APPLICATIONS NOT COMPLETED IN FULL OR WITHOUT THE APPROPRIATE FEE WILL NOT BE APPROVED.**

SECTION OFFICE ONLY			
<input type="checkbox"/> NOT APPROVED	X	RECEIPT #:	SANCTION #:
<input type="checkbox"/> APPROVED	SIGNATURE: _____	DATE RECEIVED:	
		DATE APPROVED:	