



**2010 SKATE CANADA MANITOBA STARSKATE
EASTMAN REGIONAL COMPETITION
SINGLES EVENT REGISTRATION
JANUARY 17TH, 2010 -LABROQUERIE, MB**

Name:	Home Phone:
Address:(Street, Box, City/Town, Prov./State, Postal/Zip code)	Email:
Age (as of Oct 1, 2009): Birthday: M D Y Gender: M ____ F ____ Please bring birth certificate to event	Parents Name:
Home Club: Club Number:	Work Phone:
Club Test Chair Signature	Skate Canada Number:
Coach Name: Address:	Highest Test Passed (as of November 15, 2009): Free Skate: Interpretive: Skills:
Phone: Email:	As a Professional Coach I acknowledge all the information presented and the event(s) entered are correct. Coach Signature _____ Date _____

Free Skate	Short/ Compulsory Program/Elements	Spins
<input type="checkbox"/> Gold <input type="checkbox"/> Senior Silver <input type="checkbox"/> Junior Silver <input type="checkbox"/> Senior Bronze <input type="checkbox"/> Junior Bronze 10 & under <input type="checkbox"/> Junior Bronze 11 & over <input type="checkbox"/> Preliminary 9 & under <input type="checkbox"/> Preliminary 10 & over <input type="checkbox"/> Pre-Preliminary 8 & under <input type="checkbox"/> Pre-Preliminary 9 & over <input type="checkbox"/> Entry Level	<input type="checkbox"/> Junior Silver/Senior Silver/Gold Combined <input type="checkbox"/> Senior Bronze <input type="checkbox"/> Junior Bronze <input type="checkbox"/> Preliminary <input type="checkbox"/> Pre-Preliminary <input type="checkbox"/> Entry <div align="center">Creative Skills</div> <input type="checkbox"/> Gold Creative <input type="checkbox"/> Silver Creative <input type="checkbox"/> Bronze Creative	<input type="checkbox"/> Gold/Senior Silver <input type="checkbox"/> Junior Silver <input type="checkbox"/> Senior Bronze <input type="checkbox"/> Junior Bronze <input type="checkbox"/> Preliminary <input type="checkbox"/> Pre-Preliminary

It is understood and agreed that Skate Canada shall not be liable for injury or loss occasioned by the Athlete while traveling to or from or during the 2010 STARSkate Eastman Regional Competition, nor shall Skate Canada be responsible for any damages or losses caused by the athlete during the same time. The Athlete and/or Athlete's parent(s)/legal guardian agrees to indemnify Skate Canada and hold it harmless from any claims or demands in respect of such loss or damage.

Participant Signature _____ Parent Signature (if under the age of 18) _____ Date _____

Competition Fees

First event - \$30.00 Subsequent events - \$10.00

1 st Event (\$30.00)	\$	
Additional Events (#events x \$10)	\$	
Total	\$	

Make cheques payable to CPA LaBroquerie FSC.
Return COMPLETE registration forms to CPA LaBroquerie FSC, Box 366, LaBroquerie, MB, R0A 0W0
Registrations must be received by Tuesday, **DECEMBER 15, 2009**. Late or incomplete entries WILL NOT be accepted – Post dated cheques will not be accepted. NO REFUNDS after closing date of entries.



**2010 Skate Canada Manitoba STARSkate
Eastman Regional Competition Pair Event Registration**
January 17, 2010 LaBroquerie, MB

FEMALE	Name:	MALE	Name:
Address:(Street, Box, City/Town, Prov./State, Postal/Zip Code)	Home Phone:	Address:(Street, box, City/Town, Prov./State, Postal/Zip Code)	Home Phone:
	Parents Name:		Parents Name:
	Work Phone:		Work Phone:
	Email:		Email:
Age (As of Oct 1, 2009):	Skate Canada Number:	Age (As of Oct 1, 2009):	Skate Canada Number:
Birthday: M D Y Please bring birth certificate to event.		Birthday: M D Y Please bring birth certificate to event.	
Home Club:	Highest Test Passed: (as of Nov 15/09)	Home Club:	Highest Test Passed: (as of Nov 15, 2009)
Club Number:	Pair:	Club Number:	Pair:
Club Test Chair Signature		Club Test Chair Signature	
Coach Name:		Phone:	
As a Professional Coach I Acknowledge all the information presented and the event(s) entered are correct.			
Coach Signature		Date	
Pairs Event			
<input type="checkbox"/> Introductory Pairs <input type="checkbox"/> Open Pairs			

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_____	_____	_____
Participant Signature	Parent Signature (if under the age of 18)	Date
_____	_____	_____
Participant Signature	Parent Signature (if under the age of 18)	Date

Competition fees:	First Event - \$30.00/couple	\$ _____
	Each Additional Event \$10.00 (# of events x \$10.00)	\$ _____
	Total	\$ _____

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2010 Skate Canada Manitoba STARSkate Eastman Competition Dance Event Registration
January 17, 2009 – LaBroquerie, MB

FEMALE	Name:	MALE	Name:
Address:(Street, box, City/Town, Prov./State, Postal/Zip Code)	Home Phone:	Address:(Street, box, City/Town, Prov./State, Postal/Zip Code)	Home Phone:
	Parents Name:		Parents Name:
	Work Phone:		Work Phone:
	Email:		Email:
Age (As of Oct 1, 2009):	Skate Canada number:	Age (As of Oct 1, 2009):	Skate Canada Number:
Birthday: M D Y Please bring birth certificate to event.		Birthday: M D Y Please bring birth certificate to event.	
Home Club:	Highest Test Passed: (as of Nov 15/09)	Home Club:	Highest Test Passed: (as of Nov 15/09)
Club Number:	Dance:	Club Number:	Dance:
Club Test Chair Signature		Club Test Chair Signature	
Coach Name:		Phone:	
As a Professional Coach I Acknowledge all the information presented and the event(s) entered are correct.			
Coach Signature		Date	
Dance Events			
<input type="checkbox"/> Preliminary	<input type="checkbox"/> Senior Bronze	<input type="checkbox"/> Senior Silver	<input type="checkbox"/> Diamond
<input type="checkbox"/> Junior Bronze	<input type="checkbox"/> Junior Silver	<input type="checkbox"/> Gold	

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Participant Signature

Parent Signature (if under the age of 18)

Date

Participant Signature

Parent Signature (if under the age of 18)

Date

Competition fees:

First Event - \$30.00/couple

\$ _____

Each Additional Event \$10.00 (# of events x \$10.00)

\$ _____

Total

\$ _____

Make cheques payable to CPA LaBroquerie FSC.

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Registrations must be received by Tuesday, **DECEMBER 15, 2009**. Late or incomplete entries WILL NOT be accepted – Post dated cheques will not be accepted. NO REFUNDS after closing date of entries.