



**2010 Skate Canada Manitoba STARSkate
Interlake Regional Competition Pair Event Registration**

January 10, 2010 Arborg, 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			

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 Skate Canada-Manitoba STARSkate 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

Participant Signature

Parent Signature (if under the age of 18)

Date

Competition fees:

First Event - \$35.00/couple

\$ _____

Each Additional Event \$15.00 (# of events x \$15.00)

\$ _____

Total

\$ _____

Make cheques payable to Arborg Skating Club.

Return COMPLETE registration forms to Arborg Skating Club Box 706 Arborg, MB R0C 0A0

Registrations must be received by Friday, **DECEMBER 11, 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 Interlake Competition Dance Event Registration

January 10, 2010 – Arborg, 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			

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 Skate Canada-Manitoba 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**

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

Competition fees: **First Event - \$35.00/couple** \$ _____
 Each Additional Event \$15.00 (# of events x \$15.00) \$ _____
 Total \$ _____

Make cheques payable to Arborg Skating Club.

Return COMPLETE registration forms to Arborg Skating Club Box 706 Skating Club Box 706 Arborg, MB R0C 0A0

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