

# TEAM ENTRY FORMS \*

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

CATEGORY (check ✓)

- |                                              |                                            |                                             |
|----------------------------------------------|--------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Beginner I          | <input type="checkbox"/> Beginner II       | <input type="checkbox"/> Elementary         |
| <input type="checkbox"/> Juvenile            | <input type="checkbox"/> Pre-Novice        | <input type="checkbox"/> Novice             |
| <input type="checkbox"/> Intermediate        | <input type="checkbox"/> Open              | <input type="checkbox"/> Junior             |
| <input type="checkbox"/> Senior              | <input type="checkbox"/> Adult SYS Class I | <input type="checkbox"/> Adult SYS Class II |
| <input type="checkbox"/> Adult SYS Class III |                                            |                                             |

TEAM 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 COSTUMES

SHORT PROGRAM: \_\_\_\_\_

FREE PROGRAM: \_\_\_\_\_

Registration forms should be returned NO LATER THAN DECEMBER 10, 2012 to

BC/YT Section

#2 – 6501 Sprott Street, Burnaby, BC, V5B 3B8

Email: [bcytsection@attglobal.net](mailto:bcytsection@attglobal.net)

Entry fee: \$250.00 per team plus \$30.00 per skater

# BC/YT Open Synchronized Skating Championships ACCREDITATION FORM

(PLEASE PRINT CLEARLY)

TEAM NAME: \_\_\_\_\_

CATEGORY (check ✓)

- |                                              |                                            |                                             |
|----------------------------------------------|--------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Beginner I          | <input type="checkbox"/> Beginner II       | <input type="checkbox"/> Elementary         |
| <input type="checkbox"/> Juvenile            | <input type="checkbox"/> Pre-Novice        | <input type="checkbox"/> Novice             |
| <input type="checkbox"/> Intermediate        | <input type="checkbox"/> Open              | <input type="checkbox"/> Junior             |
| <input type="checkbox"/> Senior              | <input type="checkbox"/> Adult SYS Class I | <input type="checkbox"/> Adult SYS Class II |
| <input type="checkbox"/> Adult SYS Class III |                                            |                                             |



	NAME	Date of Birth (d/m/y)	Place of Birth	Skate Canada/USFSA Registration #	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

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.

_____	_____	_____
Coaches Name	Signature	Date
_____	_____	_____
Team Managers Name	Signature	Date

### PROGRAM PHOTOGRAPHS

The host committee wishes to include Team photographs in the competition program. Please email your team photograph in digital (JPEG) format, no later than December 20, 2012 to [bcytsection@attglobal.net](mailto:bcytsection@attglobal.net)

**PLANNED PROGRAM SHEETS:** Planned program sheets must be emailed to the registrar at [bcytsection@attglobal.net](mailto:bcytsection@attglobal.net) BEFORE December 20, 2012.