



**Submit completed form and fees to:  
 SKATE CANADA: ALBERTA - NWT/NUNAVUT  
 11759 Groat Road NW, Edmonton, Alberta T5M 3K6  
 Email: [events@skateabnwtun.ca](mailto:events@skateabnwtun.ca)**

## APPLICATION FOR SANCTION – STAR 1-3 (Pilot Project)

### APPLICATION REQUIREMENTS:

- SOCAN and Re: Sound requirements are the responsibility of the applicant/club/skating school
- A late fee of \$25.00 will be applied to all sanctions received into the Section Office less than 30 days prior to the event.
- Sanction applications not completed in full or without appropriate fee will not be processed/approved.
- **Sanction Pre-Requisite:** to provide a sanction number, a Section Official (minimum of STAR 1-4 Judge qualification) must be secured per panel for the event. You may email the Section office to request the Officials Directory or contact your Club's Assessment Coordinator for the directory (they receive it to organize assessment days).
- **The applicant must agree to complete a post event questionnaire to provide the Section Office with feedback about this pilot project.**  
 Initial here that you agree to complete the post event questionnaire: \_\_\_\_\_

Announcements must be emailed to [events@skateabnwtun.ca](mailto:events@skateabnwtun.ca) for approval as part of the sanction process.

### COMPLETE THE FOLLOWING INFORMATION:

Skate Canada Club Name: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Official secured to officiate your event: \_\_\_\_\_

Name of second Official (if offering more than one panel at a time): \_\_\_\_\_

Are clubs other than your home club being invited?  Yes  No

Provide names of clubs: \_\_\_\_\_

Sanction Fee:  \$75.00

**Payment Method:** Visa, MasterCard, or Cheque (cheques are to be payable to Skate Canada: Alberta-NWT/Nunavut)

Credit Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ CVV(3-digit #): \_\_\_\_\_

Name on Card: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Signature: \_\_\_\_\_

- A late fee of \$25.00 will be applied to all sanctions received into the Section office less than 30 days prior to the event.

### RETURN SANCTION NUMBER TO:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

#### SECTION OFFICE ONLY

<input type="checkbox"/> NOT APPROVED		RECEIPT #:	SANCTION #:
<input type="checkbox"/> APPROVED	SIGNATURE	DATE APPROVED:	