



Submit completed form and fees to:
SKATE AB|NT|NU
11759 Groat Road NW, Edmonton, Alberta T5M 3K6
Email: info@skateabnwtun.ca

APPLICATION FOR SANCTION – Star 1-3 Interclub Competition

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 Skate AB/NT/NU Office less than 14 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 Official (minimum of Star 1-4 Judge qualification) must be secured per panel for the event. You may email the Skate AB/NT/NU 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 Skate AB/NT/NU Office with feedback about this event. The questionnaire is located on the Skate AB/NT/NU website.
Initial here that you agree to complete the post event questionnaire: _____

Announcements must be emailed to info@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 confirmed to officiate your event: _____

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

Provide names of other clubs being invited (if applicable): _____

Sanction Fee: ☐ \$75.00 Late Fee: ☐ \$25.00

A late fee of \$25.00 will be applied to all sanctions received into the Section office less than 14 days prior to the event.

RETURN SANCTION NUMBER TO:

Name: _____

Email: _____

SKATE AB/NT/NU OFFICE ONLY

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

Payment Method: Visa, MasterCard, or Cheque (cheques are to be payable to Skate AB/NT/NU)

Credit Card #:

Expiry Date:

CVV(3-digit #):

Name on Card:

Postal Code:

Signature:

City:

Province: