



Submit completed form and fees to:  
**SKATE AB|NT|NU**  
11759 Groat Road NW, Edmonton, Alberta T5M 3K6  
Email: [info@skateabnwtun.ca](mailto: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](mailto: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: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Signature: \_\_\_\_\_