

SKATE CANADA – SASKATCHEWAN SANCTION FORM

Club/ Skating School: _____ Club / Skating School #: _____

Contact: _____ Phone #: _____ Fax #: _____

Contact Address: _____
(box / street) (town / city) (postal code)

Sanction for: (check one)

Competitions & Carnivals: At least 31 days prior – No Charge; 7 – 30 days prior \$20 & within 6 days or less \$50.

Date: _____ Location: _____ Approx. # of Skaters: _____

Competition (Name): _____

We, the Host Committee for the above competition, are aware that a Competition Sanction Fee has been implemented. We agree that the Sanction will be paid to Skate Canada – Saskatchewan within 30 days of the Competition.

PRINT Name: _____ Signature: _____

Position: _____ Date: _____

Carnival – A **\$15.00 sanction fee** is required for skaters of an affiliated Club/ Skating School to skate at a non-member Club / Skating School Carnival (payable to Skate Canada – SK).

Other (specify) _____ **Note:** Exhibitions (i.e. Amateur Hockey Game between periods) - \$5.00 fee for 1-10 skaters and a \$10.00 fee for over ten skaters (Rule 2206) payable to Skate Canada – SK. **Maybe subject to the above listed sanction fees at the discretion of the Section Chairperson.**

PUBLICITY/MEDIA:

Local TV Cable TV National TV Radio Other _____

Name of Program and Network: _____

Sponsored by: _____

Details/Description: _____

TO BE ANSWERED BY ALL APPLICANTS:

Is Figure Skating the majority of entertainment at the Event? Yes No

Is an Admission Fee being charged? Yes No

Who receives the profits (if any) from the event? _____

Signature of Club / Skating School Official: _____ Position: _____

Date: _____

Applications for sanctions, except competition sanction fees, must be accompanied by the appropriate fee (if applicable) and forwarded to **Skate Canada – Saskatchewan prior to the event. Subject to sanction fees as listed above.**

Return to: Skate Canada – Saskatchewan
Fax: (306) 780-9242

1072 McDonald St., Regina, SK S4N 2X8
Email: sk.skate@sasktel.net

Section Office Use Only: Sanction Approved Not Approved Receipt # _____

Fee: _____ Date: _____ Approved by: _____