

CARNIVAL REGISTRATION FORM INTERMEDIATE STARSKATER

Carnival Date: Saturday, April 20th, 2024

Showtimes: 2:30 and 7:00 pm

Dress Rehearsal: Friday, April 19th, 2024 (all skaters must attend)

SKATERS NAME:									
AGE:					GENDER IDENTITY:				
PANT SIZE:	Youth	4-6	8-10	12-14	SHIRT SIZE:	Youth	4-6	8-10	12-14
	Adult	XS	S	M		L	Adult	XS	S

Emails(s) for carnival communication: _____

SKATING LEVEL AS OF JANUARY 1st, 2024

☐ MY CHILD WILL NOT BE PARTICIPATING IN CARNIVAL

Please check all that apply

☐ INTERMEDIATE –group number

☐ INTERMEDIATE –opening number

☐ INTERMEDIATE –closing number

☐ INTERMEDIATE –family member/adult & skater number (previously known as father/daughter) –

PLEASE NOTE: A \$30.00 Skate Canada Registration fee applies to partner to participate, Club to subsidize remainder of fee. Please included payment and fill out information on back of this form and return to a member of the Skating Executive or “carnival” slot in skating room

☐ INTERMEDIATE –program assistant number and Canskate gala number (only applies if you are a Program Assistant)

☐ INTERMEDIATE –Feature – **PLEASE NOTE: A \$35.00 fee applies to participate in an Intermediate Feature. Please include payment with this form and return to a member of the Skating Executive or “carnival” slot in skating room.**

Note for Parents: Carnival Performance will be photographed and video recorded.

EXECUTIVE USE ONLY:(Please fill out and initial)

Feature payment received by:

Date:

Amount:

**DEADLINE TO REGISTER:
FRIDAY FEBRUARY 16TH 2024**

**CARNIVAL
REGISTRATION FORM
FAMILY MEMBER/ADULT SKATE CANADA INFO**

NAME OF SKATER:

ADULT NAME:

ADDRESS:

DATE OF BIRTH:

IF PARTICIPANT ALREADY HAS SKATE CANADA # IN GOOD STANDING FOR 2023/24 SEASON – RECORD #
HERE:

**PLEASE RETURN THIS FORM FILLED IN & INCLUDING FEE WITH REGISTRATION IF
PARTICIPATING IN FAMILY/ADULT & SKATER NUMBER**

CARNIVAL REGISTRATION FORM PROGRAM ASSISTANTS

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SKATERS NAME:										
AGE:				GENDER IDENTITY:						
PANT SIZE:	Youth 12-14			SHIRT SIZE:	Youth 12-14					
	Adult	XS	S		M	L	Adult	XS	S	M
EMAIL FOR CARNIVAL COMMUNICATION: _____										
Please confirm if you will be participating in the Carnival Program Assistant number:										
<input type="checkbox"/> YES										
<input type="checkbox"/> NO										

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FRIDAY FEBRUARY 16TH 2024**