



AUDITIONING FOR : \_\_\_\_\_

\_\_\_\_\_

### AUDITION FORM - 2016/17

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

AGE AS OF JULY 1, 2016: \_\_\_\_\_

SKATE CANADA NO.: \_\_\_\_\_

SKATING CLUB: \_\_\_\_\_

#### HIGHEST LEVELS ACHEIVED:

CANSKATE BADGE: \_\_\_\_\_

DANCE: \_\_\_\_\_

SKILLS: \_\_\_\_\_

FREESKATE: \_\_\_\_\_

SYNCHRO EXPERIENCE (TEAM NAME & YEARS OF EXPERIENCE) \_\_\_\_\_

\_\_\_\_\_

PARENTS NAMES: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ / \_\_\_\_\_

CELL NUMBERS: \_\_\_\_\_ / \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_

*I give my child permission to audition for the Sparkling Ice/Momentum Synchro Teams and I understand that, the above skates at his/her own risk and that there is no liability on the part of USC/NSC or it's directors. This audition is sanctioned by USC/NSC.*

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

AUDITION FEE: \_\_\_\_\_

ADTNL FEE: \_\_\_\_\_

TOTAL FEE: \_\_\_\_\_

FOR OFFICE USE ONLY

CHEQUE # \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_