



AUDITIONING FOR : _____

(10.00 additional fee if auditioning for a second level)

AUDITION FORM - 2017/18

LAST NAME: _____

FIRST NAME: _____

DATE OF BIRTH: _____

AGE AS OF JULY 1, 2017: _____

SKATE CANADA NO.: _____

SKATING CLUB: _____

HIGHEST LEVELS ACHIEVED:

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 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.

Paren't Signature: _____ Date: _____

*If auditioning for B2/Elementary or Pre-Juvenile only, a one time fee of \$40.00 is due by the first audition.
If auditioning for Juvenile or Pre-Novice/Novice only, a one time fee of \$50.00 is due by the first audition.*

** An additional audition with a second level team is an additional \$10.00*

BASE AUDITION FEE: _____

ADTNL FEE IF APPLICABLE: _____

TOTAL FEE: _____

FOR OFFICE USE ONLY

CHEQUE # _____ RECEIVED BY: _____