

FORM C4 – Athlete Sport Registration / Figure Skating

(Please PRINT in ink using block letters or TYPE)

This Registration is for (CHECK ONLY ONE BOX BELOW):

- Athlete
- Alternate (Substitute/Reserve) Athlete
- Unified Partner
- Alternate (Substitute/Reserve) Unified Partner

Delegation Name

SO Region

Family Name

First Name

MI

Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
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Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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DD

<input type="text"/>	<input type="text"/>
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MM

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Year

Event Code							Check	Event Name	Event Level 1,2,3,4, 5 or 6
F	S	S	I	N	G		<input type="checkbox"/>	Singles Skating	
F	S	P	A	I	R		<input type="checkbox"/>	Pair Skating	
F	S	D	A	N	C		<input type="checkbox"/>	Ice Dancing	
F	S	D	A	N	C	T	<input type="checkbox"/>	Ice Dancing Team	
F	S	P	A	I	R	U	<input type="checkbox"/>	Unified Sports Pairs	

Partner's Name (If applicable)

Family Name

First Name

MI