

**Synchro Team Summary Form**

Category: Click here to enter text. Team Name: Click here to enter text.

Club: Click here to enter text.

Coach(es): Click here to enter text.

Club Contact Person/Team Manager: Click here to enter text.

Club Contact Email: Click here to enter text. Club Contact Phone #: Click here to enter text.

**Team Members**

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| Name | Date of Birth | Skate Canada Number |
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**Team Alternates**

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| Name | Date of Birth | Skate Canada Number |
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**\*Please return completed forms to Jill Knowles** [skatecanadans@sportnovascotia.ca](mailto:skatecanadans@sportnovascotia.ca) **or fax 902-425-5606**