



Canadian Baton Twirling Federation

La Fédération Canadienne de Baton Sportif

# WBTF TEAM DECLARATION

- Coach/Contact Person to email completed form to Provincial Technical Rep
- Prov Tech Rep to verify info then email to CBTF Data Input Coordinator
- Data Input will email Report to National Technical Chair, Prov Tech Rep and Contact Person

[ ] Provincial Team **or** [ ] Trans Canada Team

➤ Level [ ] A [ ] B

Please circle your Province of Qualification: BC AB SK MB ON NB NS QC

**NOTE - ATHLETE MEMBERSHIP MUST BE TYPE "A"**

PROVINCIAL MEMBERSHIP #	ATHLETES	PROVINCE OF RESIDENCE	CANADIAN CITIZEN OR PERMANENT RESIDENT
			[ ] YES [ ] NO
			[ ] YES [ ] NO
			[ ] YES [ ] NO
			[ ] YES [ ] NO
			[ ] YES [ ] NO
			[ ] YES [ ] NO
			[ ] YES [ ] NO
			[ ] YES [ ] NO
<b>ALTERNATE(S)</b>			
			[ ] YES [ ] NO
			[ ] YES [ ] NO

**NOTE - COACH'S MINIMUM LEVEL MUST BE LEVEL "2"**

NAME	PROVINCIAL MEMBERSHIP #	COACH'S LEVEL
COACH:		
COACH:		
CHOREOGRAPHER:		

<b>CONTACT PERSON:</b>	<b>PHONE:</b> [ ] [ ]
<b>Street:</b>	<b>City</b> <b>Postal Code:</b>
<b>Email Address:</b>	

**I, hereby declare the information documented on this declaration as true and valid.**  
*If sending as an email attachment, please type name in the Signature space below.*

**Signature:**

**For Administration Use ONLY**

Provincial Technical Chair Acknowledgement & Date & Emailed to Data Entry	Data Entry Input & Reports emailed to National Technical Chair to Approve	Data Entry Email to PTR & Coaches/Contact