

**2025 Cariboo Skills BC Regional Secondary and Post-Secondary
Competitor Registration Form**

****Please note that all lines below must be complete before registration can be entered.**

Competitor Information

First Name: _____

Last Name: _____

Address: _____

City: _____

Postal Code: _____

Phone Number: _____

Email Address: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Competition Category _____

Secondary or Post-Secondary Competition: _____

Instructor's Name: _____

I agree to the Terms and Conditions as laid out in the Skills BC Rules and Regulations

YES / NO (circle)

T-shirt size. (Adult small, medium, large, XL) _____

****Please ensure the Competitor Waiver is signed and submitted with this registration form.**

Submit completed forms to Audrey Curran, acurran@tru.ca, or Jaclyn Donaldson, jadonaldson@tru.ca

If you have any questions, call 250-828-5207