

ENTRY FORM SHORES SUMMER SKATE - 2002

Name of Skater _____ Age (as of 6/30/02) ____ Date of Birth: _____

M [] F [] USFSA/Canada # _____ Home Club: _____

Address: _____ City: _____ St: ____ Zip Code: _____

E-Mail Address: _____

Highest Test Passed: Free Style _____ Moves: _____ Pairs: _____

If Skating Pairs Partners Name: _____

Level	Free Skate	Combined Long/Short Free Skate	Spins and Moves	Compulsory	Team Compulsory Additional Form	Short Program	Pairs Short Program	Pairs Free Skate	Artistic
Low Beginner									
High Beginner									
Pre Preliminary									
Preliminary Limited									
Preliminary									
Pre-Juvenile									
Open Juvenile									
Juvenile									
Intermediate									
Novice									
Junior									
Senior									
Adult Bronze									
Adult Silver									
Adult Gold									
Adult Masters									

ENTRY FEES:

COMBINED EVENTS INCLUDE, LONG AND SHORT ONLY FOR THE FOLLOWING LEVELS:

INTERMEDIATE, NOVICE,
JUNIOR, SENIOR

\$95.00 PER COMPETITOR

ALL OTHER LEVELS AND ADDITIONAL EVENTS:

\$65.00 PER COMPETITOR (First Event)

\$30.00 PER COMPETITOR (Each Additional Single Event)

\$40.00 PER TEAM (Team Compulsory Event)

**PLEASE OBTAIN NECESSARY SIGNATURES ON THE BACK OF THIS FORM.
ENTRIES MUST BE POST MARKED BY JUNE 30, 2002**

Late entries must be Pre-Approved and will include an additional Late Fee of \$30.00.

CERTIFICATION OF PARENT/GUARDIAN OR ADULT COMPETITOR:

The attached information is accurate as of signed date. I am/my child is an eligible skater under the rules of the USFSA/CFSA and eligible to enter the events as indicated.

Please Print Name

E-Mail Address

Phone Number with Area Code

Parent /Guardian Signature
(Skater must sign if 18 or older)

Date

WAIVER OF CLAIMS FOR INJURY:

I understand that the USFSA, the St. Clair Shores FSC, and the City of St. Clair Shores or organizers of this competition undertake no responsibility for damages or injuries suffered by the competitors. In addition, the competitor and his/her parent(s) agree to assume all risks of injury and loss of property resulting from, caused by or connected with, the conduct of management of this competition, and to waive and release any and all claims which they may have against any officials, the USFSA, the St. Clair Shores FSC and its Officers.

Signature of Parent or Guardian
(Skater must sign if 18 or older)

Date

CERTIFICATION OF COACH:

To the best of my knowledge, the above information is accurate as of date signed. The competitor is eligible to enter the events as indicated above.

Signature of Coach

Date

Phone Number with Area Code

CERTIFICATION OF CLUB OFFICER:

I certify that the attached named skater is a member in good standing of the USFSA Club indicated and that the test level indicated is true and correct.

Signature _____ **Date** _____ **Title** _____

Make Checks Payable to: St. Clair Shores Figure Skating Club

Fill out entry forms **COMPLETELY** and mail along with a check to:

Inquiries call Diane: 313-885-4031
E-mail: Waxie3@AOL

2002 SHORES SUMMER SKATE
C/O Diane Palmer
1201 S. Renaud
Grosse Pointe Woods, MI 48236

PLEASE INCLUDE A 6 X 9 SIZE ENVELOPE SELF ADDRESSED, WITH A 55-CENT STAMP FOR CONFIRMATION.

REFUNDS _ will be issued after the closing date **ONLY** if an event is cancelled for lack of participation. Two entries constitute a competition in any event.

NO REFUNDS WILL BE GIVEN FOR ANY OTHER REASON, INCLUDING MEDICAL.