

TEAM COMPULSORY – (Team Compulsory event \$40.00 per team all applicants must be submitted on one form for this event.)

A figure skating club may enter no more than two teams in each level. Skaters may only skate for their home club. **Both boys and girls may skate on the same team.** The highest test level of one skater determines the team's level to compete. A skater may skate on one team only.

There are four skaters per team with one element being performed by each team member. Each team member will have one chance to execute the element. Three to four minutes will be allotted for each team. Should a skater be unable to compete due to illness or injury, a teammate may execute the element with proper notice to the referee of the event prior to the event start. No additional unnecessary moves will be allowed.

Each team should have a sign 28" x 12", which includes the team's name, level, and club. If two teams from a club enter the same level, the team name must be different from each other. Full ice will be used for this event and quiet background music will be provided.

Sign Examples:

"Shores Spirit"
Juvenile – St. Clair Shores FSC

"Starz on Ice"
Juvenile – St. Clair Shores FSC

TEAM COMPULSORY ENTRY FORM SHORES SUMMER SKATE - 2002

Name of Team _____ Level: _____

Home Club: _____ Highest Test Passed of One Skater _____

Team Captain/Contact Person _____ Home Phone(_____) _____

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

Name of Members _____ (Team Captain) USFSA # _____

_____ USFSA # _____

_____ USFSA # _____

_____ USFSA # _____

ENTRY FEE :

\$40.00 PER TEAM (Team Compulsory Event)

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

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

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

Inquiries call Diane: 313-885-4031

ENTRIES MUST BE POST MARKED BY June 30, 2002

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 AND DATE OF CLUB TREASURE _____

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 PARENTS OR GUARDIANS FOR SKATERS NAMED ABOVE:

Signature Date

Signature Date

Signature Date

Signature Date