

2003 North American International Synchronized Skating Competition



***January 9 – 10, 2003
Fraser, Michigan, USA***

**Sanctioned by
The United States Figure Skating Association**



**Hosted by
The Detroit Metro Skating Council**





***2003 North American International
Synchronized Skating Competition
Fraser, Michigan – January 9th – 10th, 2003***

ANNOUNCEMENT

The 2003 North American International Synchronized Skating Competition (2003 NAISSC) is an International Invitational Synchronized Skating Competition for Junior and Senior teams. The United States Figure Skating Association and the Detroit Metro Skating Council will host this competition at the Great Lakes Sports City Arena in Fraser, Michigan, USA, from January 9th – 10th, 2003.

LIST OF INVITED MEMBERS

The following Members of the International Skating Union have been invited to enter the 2003 North American International Synchronized Skating Competition:

National Ice Skating Association of Australia Incorporated	AUS
Osterreichischer Eislaufverband	AUT
Federation Royale Belge de Patinage Artistique	BEL
Skate Canada	CAN
Croatia Skating Federation	CRO
Czech Figure Skating Association	CZE
Dansk Skøjte Union	DEN
The Estonian Skating Union	EST
Sumomen Taitoluisteliitto	FIN
Federation Francaise des Sports de Glace	FRA
Deutsche Eislauf-Union e.V	GER
National Ice Skating Association of UK Limited	GRB
Hungarian National Skating Federation	HUN
Federazione Italiana Sport del Ghiaccio	ITA
Japan Skating Federation	JPN
Koninklijke Nederlandsche Schaatsenrijders Bond	NED
Norges Skøyteforbund	NOR
Romanian Skating Federation	ROM
Figure Skating Federation of Russia	RUS
South African Ice Skating Association	SAF
Svenska Konstakningsförbundet	SWE
Schweizer Eislauf-Verband	SWI
Ukrainian Figure Skating Federation	UKR
United States Figure Skating Association	USA

The Organizing Committee (DMSC / NAISSC 2003) reserves the right to accept late entries and to limit the number of participating teams.

The registration desk for all referees, judges, and officials will be at:

Somerset Inn
2601 West Big Beaver Road
Troy, Michigan 48064 USA
(800) 228-8700
(248) 643-7800
Fax: (248) 643-2220

Participating teams should register at:

Great Lakes Sports City Arena
34400 Utica Road
Fraser, MI 48026 USA

From Monday, January 6th, 2003, through Friday, January 10th, 2003, from 0900 hours to 1800 hours.

FEES

The entry fee of \$400.00 must be payable in U.S. Dollars. Non-official practice ice fees are to be remitted in U.S. dollars -- preferred methods of payment -- International Money Order, drawn on a United States Bank, American Express or Thomas Cook Travelers Checks denominated in United States Dollars payable to Detroit Metro Skating Council/NAISSC-2003. The Organizing Committee must receive all monies by November 15, 2002 (See FORM E).

NOMINATION OF JUDGES/REFEREES/EXPENSES

Each participating country may nominate at least one (1) judge, listed on the ISU List of Referees and Judges for Synchronized Skating (2002-2003) (See FORM B). Referees will be nominated by the Organizing Committee and chosen from the ISU list.

The Organizing Member will pay the traveling expenses at APEX airfare economy rate for all invited referees. All officials will be provided ground transportation from the Detroit Metropolitan Airport (DTW), Wayne County, Michigan, USA, to the SOMERSET INN. Accommodations and meals starting with dinner on Tuesday, January 7th, 2003, through lunch on Saturday, January 11th, 2003, will be provided to all invited judges and referees. Wives, husbands, relatives and medical staff are not included. All other expenses shall be the responsibility of each official.

JUDGES MEETING

The judges' meeting will be held on Wednesday, January 8th, 2003, at 1300 hours at the Somerset Inn.

JUDGES REVIEW MEETING

The judges' review meeting will be held on Saturday, January 11th, 2003, at 0900 hours at the Somerset Inn. As this is a mandatory meeting for all judges and referees, it is kindly requested travel plans be made accordingly.

COACHES & TEAM LEADER MEETING

Team leaders meeting will be held on Wednesday, January 8th, 2003, at 1415 hours at the GREAT LAKES SPORTS CITY ARENA.

TECHNICAL RULES

All appropriate ISU Rules shall be in effect (see ISU regulations 2002) for Junior and Senior events.

The following should be noted. Teams may enter more than one category using different music and a different routine, with a 50% change in skaters. Only those skaters whose names are listed on the registration form will be allowed to skate. The OBO accounting system will be used for this competition.

Junior Division

12-20 skaters, at least 12 years and less than 19 years old on July 1, 2002. A maximum of four (4) alternates per team.

Short program maximum 2 minutes 40 seconds (max.)	Factor 0.5 (33.3%)
Free skating program 4 minutes (± 10 seconds)	<u>1.0 (66.7%)</u>
	1.5 (100%)

Senior Division

16-20 skaters, at least 14 years or older on July 1, 2002. A maximum of four (4) alternates per team.

Short program maximum 2 minutes 40 seconds (max.)	Factor 0.5 (33.3%)
Free skating program 4 minutes 30 seconds (± 10 seconds)	<u>1.0 (66.7%)</u>
	1.5 (100%)

The layout of the arena with the entrance to and exit from the ice, judges' stand, etc. will be forwarded to each participant upon receipt of the team entry form.

CITIZENSHIP / RESIDENCE REQUIREMENTS AND CLEARANCE PROCEDURE

In accordance with ISU Rule 109 and ISU Communication No. 1117, all skaters who do not have the nationality of the Member by which they have been entered or who, although having such nationality, have in the past represented another Member, must produce an ISU Clearance Certificate.

MUSIC & PUBLICITY

The music of each team must be furnished in excellent quality on CD, mini-disk, cassette tape or DAT (Digital Audio Tape) format. The team must submit (2) tapes for each program at the time of registration. The tapes must be properly inserted in protective containers and be clearly identified with the name of the team and the category (Junior/Senior). The type of program (Short Program/Free Skating) and must show the exact running time of the music (not skating time). The music forms (FORM D) must be included with the entry form of the team.

IMPORTANT: Please include one team photograph with FORM D for proper inclusion in the Official 2003 NAISSC Program. Note: Coaches are not to be included in the photograph.

LIABILITY

In accordance with ISU Rule 119, the United States Figure Skating Association and the Organizing Committee (OC) for the competition accepts no liability for injury or damage sustained by competitors or officials. The OC will not be providing participant insurance coverage for the event. Members are expected to provide their own insurance protection. The OC will provide emergency medical services for all participants at the competition and official practice sites. (See FORMS C1 & C2)

PUBLICITY WAIVER

Each individual and/or team, waive any and all rights to financial remuneration or other compensation for the use or reproduction of their image or likeness, or that of their synchronized skating team. They grant permission to use same, as or in publicity prior to, during or following the 2003 North American International Synchronized Skating Competition in Fraser, Michigan.

MEDICAL INFORMATION

It is recommended that each team manager carry copies of medical information for each skater for use in case of emergency/accident. Such information should include but is not limited to the following, and will greatly aid local medical and emergency personnel: (SEE FORM C1)

- Allergies
- Existing medical conditions (i.e. asthma)
- Current medications
- Immunizations
- Blood type
- Use of glasses, contact lenses, dental appliances

DOPING CONTROLS

Anti-Doping tests will not be conducted.

ARENA

All competition events will be conducted at the GREAT LAKES SPORTS CITY ARENA, which is located within five miles (8 km) of each of the hotels. The ice surface is 200 feet (60.96 m) in length and 85 feet (25.90 meters) in width.

PRACTICE ICE

All practice ice is available at \$75.00 (USD) per 15 minute block per team. Non official practice ice on competitive ice surface will be available in 15 minute blocks on Wednesday, January 8th, 2003, between 0700 hours – 1645 hours. (See FORM I)

Non official practice ice on a non competitive ice surface will be available on Thursday, January 8th, 2003 in 15 minute blocks per team.

Official practice ice on competitive ice surface will be available to each participating team for a minimum of 10 minutes for the short program and 12 minutes for the free skating program. Junior and senior practice will be Thursday, January 9th from 0900 – 1600 hours and Friday, January 10th from 0800 – 1400 hours, at the GREAT LAKES SPORTS CITY ARENA.

ACCOMMODATIONS

The 2003 NAISSC Hotel to be used for judges, referees, and other officials is:

The Somerset Inn
2601 W.Big Beaver Road
Troy, Michigan USA
(800) 228-8700
(248) 643-7800
Fax: (248) 643-2220

All rooms must be paid in U.S. Dollars (USD) payable to above hotel (see FORM HI & HR)

The 2003 NAISSC Hotel to be used for the participating team members is:

Best Western Sterling Inn
34911 Van Dyke Avenue
Sterling Heights, Michigan, 48312 USA
(586) 979-1400
Fax: (586) 979-7962

All rooms must be paid in U.S. Dollars (USD) payable to above hotel (see FORM HI & HR)

TRANSPORTATION

All teams are responsible for their own transportation. Listed below are available bus companies. Teams should contact these companies directly to arrange transportation. All teams are requested to fill out the TEAM TRAVEL QUESTIONNAIRE (FORM T1).

COMMUTER EXPRESS

26500 Van Born Road
Dearborn Heights, Michigan, 48125-1340 USA
(313) 292-2000
Fax: (313) 299-2099

ECLIPSE LIMOUSINE SERVICE, INC

15871 French Creek Drive
Fraser, Michigan, 48026 USA
(586) 293-6684
E-mail: eclipselimosine@aol.com

DRAWS

Draw ceremony will be conducted on Wednesday, January 8th, 2003, at 1530 hours at the GREAT LAKES SPORTS CITY ARENA.

OPENING CEREMONY

The opening ceremony will be held on Thursday, January 9th, 2003, at 1800 hours at the GREAT LAKES SPORTS CITY ARENA

MEDALS

Medals will be presented to the top three finishing teams in junior and senior categories on Friday, January 10th, following the completion of the competition.

COMPETITORS PARTY

The Competitors Party will be held on Friday, January 10th, 2003, at 2200 hours at the Best Western Sterling Inn – see COMPETITOR'S PARTY RESERVATION FORM (FORM CP).

ADDITIONAL INFORMATION

United States Figure Skating Association

2003 North American International Synchronized Skating Competition
Attention: Kelly Hodge, Director of Synchronized Skating
20 First Street
Colorado Springs, CO 80906
USA
Telephone: (719) 635-5200
Telefax: (719) 635-9548
E-mail: khodge@usfsa.org

2003 North American International Synchronized Skating Competition Website:

www.sk8stuff.com

PRELIMINARY SCHEDULE – TENTATIVE

Wednesday, January 8th, 2003

GREAT LAKES SPORTS CITY ARENA, FRASER, MICHIGAN

0700- 1645 hours Unofficial Practice

SOMERSET INN

1300 hours Judges Meeting

GREAT LAKES SPORTS CITY ARENA, FRASER, MICHIGAN

1415 hours Coaches & Team Leaders Meeting

1530 hours Draw Ceremony

LOCATION TO BE DETERMINED

1900-2230 hours Officials Dinner

Thursday, January 9th, 2003

GREAT LAKES SPORTS CITY ARENA, FRASER, MICHIGAN

Morning Junior Short Program - Official Practice

Afternoon Senior Short Program - Official Practice

1800 hours Opening Ceremony

1900 hours Junior Short Program - Competition

Immediately After Juniors Senior Short Program - Competition

Friday, January 10th, 2003

GREAT LAKES SPORTS CITY ARENA, FRASER, MICHIGAN

Morning Junior Free Skating - Official Practice

Afternoon Senior Free Skating - Official Practice

1630 hours Junior Free Skating - Competition

Immediately After Juniors Senior Free Skating – Competition

Immediately After Last Event Awards

BEST WESTERN STERLING INN

2200 – 0100 hours Competitor's Party

Saturday, January 11th, 2003

SOMERSET INN

0900 hours Judges Review Meeting

2003 North American International Synchronized Skating Competition

Forms Enclosure List

FORM A	_____	TEAM ENTRY / ROSTER FORM – 2 Pages
FORM B	_____	JUDGES NOMINATION FORM – 1 Page
FORM C1	_____	INDIVIDUAL SKATER MEDICAL INFORMATION FORM – 1 Page
FORM C2	_____	MEDICAL & LIABILITY RELEASE FORM – 3 Pages
FORM D	_____	MUSIC AND PRESS INFORMATION FORM – 1 Page
FORM E	_____	OFFICIAL ENTRY / FEES TRANSMITTAL FORM – 1 Page
FORM F	_____	OFFICIAL FORMS TRANSMITTAL FORM – 1 Page
FORM I	_____	NON OFFICIAL EXTRA PRACTICE ICE FORM – 1 Page
FORM T1	_____	TEAM TRAVEL QUESTIONNAIRE FORM – 1 Page
FORM CP	_____	COMPETITOR'S PARTY RESERVATION FORM – 1 Page
FORM HI	_____	OFFICIAL HOTEL INFORMATION FORM – 1 Page
FORM HR	_____	OFFICIAL HOTEL RESERVATION FORM – 2 Pages
FORM PA	_____	PROGRAM ADVERTISEMENT ORDER FORM - 1 Page
FORM TA	_____	TICKETS - ADVANCE ORDER FORM – 1 Page

Important:

Your announcement packet should contain all the above listed forms. If a form is missing from the announcement packet please notify the Organizing Member (USFSA) or the Organizing Committee (DMSC / NAISSC 2003) immediately. The enclosed forms are a necessary part of the entry process. Please type these forms or print in block letters for legibility and make sure ALL of the proper signatures are obtained. There are 7 pages in the announcement and 18 pages in the forms packet.



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FORM A TEAM ENTRY FORM

(Please, use block letters or type)
**Deadline For Return Of All Forms
November 15, 2002**

(Signature Required)

2003 North American International Synchronized Skating Competition

ISU Member:		
Name of the Team:		
Name of the Club:	Category:	
Coach:	Team Manager:	
Phone:	Email: Fax:	
Competitors in alphabetical order by surname: (please, indicate male skaters, if any)	Date of Birth:	Citizenship:
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		



**2003 North American International
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FORM A
(Continued)

TEAM ENTRY FORM

(Please, use block letters or type)
Deadline For Return Of All Forms
November 15, 2002

(Signature Required)

2003 North American International Synchronized Skating Competition

Competitors in alphabetical order by surname: (please, indicate male skaters, if any)	Date of Birth:	Citizenship:
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
Alt. 1		
Alt. 2		
Alt. 3		
Alt. 4		
ISU Member Signature:	Return to: DMSC / NAISSC - 2003 C/O Robert Ellwood, MD P.O. Box 1360 Birmingham, MI 48012 USA	
Title:		



**2003 North American International
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FORM B
JUDGES NOMINATION FORM
(Please, use block letters or type)
Deadline For Return Of All Forms
November 15, 2002

(Signature Required)

2003 North American International Synchronized Skating Competition

ISU Member: _____

Name of the Judge: _____

ARRIVAL:

Date of arrival: _____

Time of arrival: _____

Place of arrival: **Detroit Metropolitan Airport (DTW), Detroit, Michigan USA**

Airline: _____

Flight Nbr: _____

From what city: _____

DEPARTURE:

Date of departure: _____

Time of departure: _____

Place of departure: **Detroit Metropolitan Airport (DTW), Detroit, Michigan USA**

Airline: _____

Flight Nbr: _____

To what city: _____

PERSON TO CONTACT FOR TRAVEL ARRANGEMENTS:

Address: _____

Phone Nbr: _____

Fax Nbr: _____

Email: _____

ISU Member Signature: _____

Title: _____

Please be sure to give the correct information to ensure your arrival and departure from our competition.

Return to: **DMSC / NAISSC - 2003**
C/O Robert Ellwood, MD
P.O. Box 1360
Birmingham, MI 48012
USA



**2003 North American International
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FORM C1
INDIVIDUAL SKATER MEDICAL INFORMATION

(Copy This Form & Provide 1 For Each Skater)

(Please, use block letters or type)

Please bring this form or similar information to the competition

It is recommended that each team manager carry copies of this medical information or form with similar information for each skater for use in case of emergency / accident. Please have available at the arena during practice ice and competition.

Skater Name: _____

Team Name: _____

List any known allergies: 1. _____ 2. _____ 3. _____

List any existing medical conditions: _____

List any medications you are currently taking: _____

List current immunizations: _____

List past injuries or surgeries: _____



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FORM C2 MEDICAL & LIABILITY RELEASE FORM

(Please, use block letters or type)
**Deadline For Return Of All Forms
November 15, 2002**

(Signatures Required)

MEDICAL RELEASE: Agree to authorize on behalf of ourselves, or, if under the age of 18 years, on behalf of the minor, the obtaining of and performance of diagnosis, medical treatment, and rehabilitation by licensed physicians, and the performance of emergency first aid treatment by emergency medical treatment services relative to injuries and/or illness arising during practice for and participation in the competition and related events, as well as injuries and/or illness occurring during transportation to and from such events.

LIABILITY RELEASE - ATHLETE/PARENT/LEGAL GUARDIAN: I understand that, in accordance with ISU R. 119 and USFSA CR 10.12, the Organizing Member (USFSA) and the host club and/or organizers of this competition undertake no responsibility for damages or injuries suffered by the competitors. As a condition of and in consideration of the acceptance of their entries or participation therein, all entrants, their parents, legal guardians and officials shall be deemed to agree to assume all risks or injury to their person or property resulting from, caused by or connected with, the conduct and management of the competition, and to waive and release any and all claims which they may have against any officials, the USFSA, the club and/or organizers hosting the competition and their officers, and their entries shall be accepted only on such condition.

Every skater, or if under 18 parent/legal guardian, must sign the following medical and liability release roster in order to be considered as entered in this competition.

ISU Member:	Name of Team:
Competitors in alphabetical order by surname:	SKATER SIGNATURE, or if under 18, PARENT/LEGAL GUARDIAN SIGNATURE
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	



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**FORM C2
(Continued)**

MEDICAL & LIABILITY RELEASE FORM

(Please, use block letters or type)

**Deadline For Return Of All Forms
November 15, 2002**

(Signatures Required)

MEDICAL RELEASE: Agree to authorize on behalf of ourselves, or, if under the age of 18 years, on behalf of the minor, the obtaining of and performance of diagnosis, medical treatment, and rehabilitation by licensed physicians, and the performance of emergency first aid treatment by emergency medical treatment services relative to injuries and/or illness arising during practice for and participation in the competition and related events, as well as injuries and/or illness occurring during transportation to and from such events.

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Every skater, or if under 18 parent/legal guardian, must sign the following medical and liability release roster in order to be considered as entered in this competition.

ISU Member:	Name of Team:
Competitors in alphabetical order by surname:	SKATER SIGNATURE, or if under 18, PARENT/LEGAL GUARDIAN SIGNATURE
11.	
12.	
13.	
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15.	
16.	
17.	
18.	
19.	
20.	



**2003 North American International
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**FORM C2
(Continued)**

MEDICAL & LIABILITY RELEASE FORM

(Please, use block letters or type)

**Deadline For Return Of All Forms
November 15, 2002**

(Signatures Required)

MEDICAL RELEASE: Agree to authorize on behalf of ourselves, or, if under the age of 18 years, on behalf of the minor, the obtaining of and performance of diagnosis, medical treatment, and rehabilitation by licensed physicians, and the performance of emergency first aid treatment by emergency medical treatment services relative to injuries and/or illness arising during practice for and participation in the competition and related events, as well as injuries and/or illness occurring during transportation to and from such events.

LIABILITY RELEASE - ATHLETE/PARENT/LEGAL GUARDIAN: I understand that, in accordance with ISU R. 119 and USFSA CR 10.12, the Organizing Member (USFSA) and the host club and/or organizers of this competition undertake no responsibility for damages or injuries suffered by the competitors. As a condition of and in consideration of the acceptance of their entries or participation therein, all entrants, their parents, legal guardians and officials shall be deemed to agree to assume all risks or injury to their person or property resulting from, caused by or connected with, the conduct and management of the competition, and to waive and release any and all claims which they may have against any officials, the USFSA, the club and/or organizers hosting the competition and their officers, and their entries shall be accepted only on such condition.

Every skater, or if under 18 parent/legal guardian, must sign the following medical and liability release roster in order to be considered as entered in this competition.

ISU Member:	Name of Team:
Competitors in alphabetical order by surname:	SKATER SIGNATURE, or if under 18, PARENT/LEGAL GUARDIAN SIGNATURE:
Alt. 1	
Alt. 2	
Alt. 3	
Alt. 4	



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**FORM D
MUSIC AND PRESS INFORMATION**

(Please, use block letters or type)
**Deadline For Return Of All Forms
November 15, 2002**

ISU Member: _____

Team: _____

Category: _____

Coach: _____

LIST OF MUSIC AND NAME OF COMPOSER

Short Program: _____

Duration: _____

Free Skating Program: _____

Duration: _____

National / International Results: _____

This information will be used when presenting your team to press and media. Please, send as soon as possible one picture of the team. Note - Coaches are not to be in the photograph.

Return to: **DMSC / NAISSC - 2003
C/O Robert Ellwood, MD
P.O. Box 1360
Birmingham, MI 48012
USA**



**2003 North American International
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FORM E OFFICIAL ENTRY / FEE TRANSMITTAL FORM

(Please, use block letters or type)
Deadline For Return Of Forms With Fees
November 15, 2002

(Verify All Forms Marked "Signature(s) Required" Are Properly Signed)

Team Name: _____

Fees & Submissions (USD)	Number of Team/Blocks/ Persons	Total
Official Entry Fee - \$400.00 (USD)	1 – Team	\$400.00 (USD)
Extra Practice Ice (<i>FORM I</i>) \$75.00 (USD) per 15 min Block	Block(s)	
Competitors Party Reservation (<i>FORM CP</i>) - \$15.00 (USD) per Person	Person(s)	
Tickets – ADVANCE ORDER FORM (<i>FORM TA</i>) See Form	Person(s)	
Total Fees Submitted For Above Forms Only (Not FORM HR or PA)		

For Additional Official Forms Transmittal See FORM F:

IMPORTANT NOTICE: All entries submitted with FORM F, OFFICIAL FORMS TRANSMITTAL FORM are NOT validated entries until this form, FORM E, is received with payment in full of the official entry fee shown. Your entry will be validated on **November 15, 2002**.

Reminder: Any requests for program advertising MUST be sent in with the FORM PA, fee and associated advertising copy by November 15, 2002. All hotel accommodations and payment arrangements are to be handled directly with the hotel, pursuant to Form HI, HR and HR 2, provided as a courtesy.

Return to: DMSC / NAISSC 2003
C/O Robert Ellwood, MD
P.O. Box 1360
Birmingham, MI 48012
USA



**2003 North American International
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**FORM F
OFFICIAL FORMS TRANSMITTAL FORM**

(Please, use block letters or type)
**Deadline For Return Of All Forms
November 15, 2002**

(Verify All Forms Marked "Signature(s) Required" Are Properly Signed)

ISU Member: _____

Team Name: _____

Forms & Fees Due By November 15, 2002 Deadline:

TEAM ENTRY / ROSTER FORM	FORM A / 2 Pages
<i>(Entry NOT validated until receipt of FORM E with Entry Fee remitted in full)</i>	
JUDGES NOMINATION FORM	FORM B 1 Page
MEDICAL INFORMATION FORM	FORM C1 1 Page
<i>(One form for each person – please make copies)</i>	
MEDICAL & LIABILITY RELEASE FORM	FORM C2 3 Pages
MUSIC & PRESS INFORMATION FORM	FORM D 1 Page
OFFICIAL ENTRY & FEES TRANSMITTAL FORM	FORM E 1 Page
OFFICIAL FORMS TRANSMITTAL	FORM F 1 Page
NON OFFICIAL PRACTICE ICE FORM	FORM I 1 Page
TEAM TRAVEL QUESTIONNAIRE FORM	FORM T1 1 Page
COMPETITOR'S PARTY RESERVATION FORM	FORM CP 1 Page
PROGRAM ADVERTISEMENT ORDER FORM	FORM PA 1 Page
TICKETS – ADVANCED ORDER FORM	FORM TA 1 Page

IMPORTANT NOTE: No Entry will be considered validated unless ALL official forms and entry fees are received complete by the stated deadline dates, as indicated throughout the Official Announcement and Official Forms. Entries that are incomplete because they are lacking proper forms, signatures and/or entry fee payment by the published deadline dates will be declared void at the discretion of the Organizing Committee at the expiration of deadlines. PLEASE, DO NOT forget Hotel accommodations. See OFFICIAL HOTEL RESERVATION FORMS HI and HR are provided as a courtesy)

**Return to: DMSC / NAISSC 2003
C/O Robert Ellwood, MD
P.O. Box 1360
Birmingham, MI 48012
USA**



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**FORM I
NON OFFICIAL PRACTICE ICE FORM**

(Please, use block letters or type)

**Deadline For Return
November 15, 2002**

ISU Member: _____

Team Name: _____ Category: _____

Team Manager: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

There will be non official extra practice ice available at the Great Lakes Sports City Arena on the competition ice surface and on the non competition ice. Practice ice will be available in 15 minute blocks at \$75.00 per block. All requests will be reviewed according to ice availability on a first come first serve basis. Reserve desired time(s) early. ***A final schedule will be made available after all requests are in, the organizer has resolved potential conflicts and scheduled appropriate Ice Make breaks to condition the ice.*** Conflicts in requested scheduling between teams shall be resolved with a draw system and final scheduling is at the sole discretion of the Organizer (DMSC/NAISSC 2003). ***Ice makes are normally scheduled after every 3rd - 15 minute block.*** Teams are requested to show up at least one hour before their reserved practice time starts. To best accommodate the needs of all the teams the organizer reserves the right, on the day of practice, to move an individual practice time as much as 30 minutes either way, at its discretion. Please Be Prompt!

Non Official Extra Practice Ice - Wednesday, January 8, 2003

(These practice sessions will be on the competition ice)

Please designate preferences by placing a 1, 2, 3 in the appropriate boxes:

MORNING _____ **MID-DAY** _____ **LATE DAY** _____

Non Official Extra Practice Ice – Thursday, January 9, 2003

(These practice sessions will NOT be on competition ice, but adjacent to competition ice)

Please designate preferences by placing a 1, 2, 3 in the appropriate boxes:

MORNING _____ **MID-DAY** _____ **LATE DAY** _____

Total Number of 15 min. Blocks requested _____ X \$75.00 (USD) = Total \$ _____ (USD)

Make funds payable and return to:

**DMSC / NAISSC 2003
C/O Robert Ellwood, MD
P.O. Box 1360
Birmingham, MI 48012
USA**



**2003 North American International
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**FORM T1
TEAM TRAVEL QUESTIONNAIRE FORM**

(Please, use block letters or type)

**Deadline For Return
November 15, 2002**

(Signature Required)

ISU Member: _____ Team Manager: _____

Team: _____ Category: _____

Contact Person Responsible for Team Itinerary: _____

Address: _____

Phone: _____ Fax: _____

Total number of persons traveling as official members of the team: _____

TEAM ARRIVAL INFORMATION:

Date of arrival: _____ Time of arrival (EST): _____

Place of arrival: **Detroit Metropolitan Airport (DTW), Detroit, Michigan USA**

Airline: _____ Flight Nbr: _____ From which city: _____

TEAM DEPARTURE INFORMATION:

Date of departure: _____ Time of departure (EST): _____

Place of departure: **Detroit Metropolitan Airport (DTW), Detroit, Michigan USA**

Airline: _____ Flight Nbr: _____ To which city: _____

Contact Person Responsible for Team's Itinerary please sign below:

Date: _____ Signature: _____

Please be sure to give the correct information to facilitate your arrival and departure from our competition.

**Return to: DMSC / NAISSC - 2003
C/O Robert Ellwood, MD
P.O. Box 1360
Birmingham, MI 48012
USA**



**2003 North American International
Synchronized Skating Competition
Fraser, Michigan – January 9th – 10th, 2003**

**FORM CP
COMPETITOR'S PARTY RESERVATION FORM**
(Please, use block letters or type)

**Deadline For Return
November 15, 2002**

**THE 2003 NAISSC COMPETITOR'S PARTY WILL BE HELD AT THE
BEST WESTERN STERLING INN BALLROOM B – (Competitor's Hotel)**

**THE PARTY WILL BE ON FRIDAY, JANUARY 10 FROM 2200 UNTIL
0100 HOURS.**

**THE MENU FOR THE PARTY WILL BE "A TASTE OF AMERICA"
DRINK STATIONS WILL BE AVAILABLE AROUND THE BALLROOM**

ENTERTAINMENT WILL BE PROVIDED BY A LOCAL D.J.

Team Name: _____

Team Contact Person: _____

Phone: _____ **Fax:** _____

Address: _____

No. of Tickets: _____ **X \$15.00 (USD) =** _____

**Return to: DMSC / NAISSC - 2003
C/O Robert Ellwood, MD
P.O. Box 1360
Birmingham, MI 48012
USA**



**2003 North American International
Synchronized Skating Competition
Fraser, Michigan – January 9th – 10th, 2003**

**FORM HI
OFFICIAL HOTEL INFORMATION FORM**

OFFICIAL 2003 NAISSC HOTEL

**BEST WESTERN STERLING INN
34911 VAN DYKE AVENUE
STERLING HEIGHTS, MI 48312 USA
Phone: 586-979-1400
Fax: 586-979-7962**

General Information

All rooms are double rooms (2 beds) at a rate of \$105.00 + TAX (USD).

Rooms are available on a first come, first served basis. Each room offers coffee makers, hairdryers, iron and ironing board, minibars, and in-room safes, Phones with voice mail, high-speed internet access, room service and restaurant. The hotel also has a beautiful new indoor waterpark with a 5,000 square foot zero entry swimming pool, a state of the art fitness center and Jacuzzis are also available.

All room rates are subject to the prevailing city and state taxes. Hotel check-in is after 1500 on the day of arrival. Check-out time is before 1100 on the day of departure. Check with the hotel to make any special arrangements necessary to accommodate airline schedules. Reservations must be guaranteed by credit card, cashiers check or money orders. Rates include four waterpark admissions. A major credit card or a \$50.00 deposit per room is required upon check-in to the hotel. ***All reservations must be received by December 1, 2002.***

Rooming List: Rooming list with detailed information (**see attached FORM HR**) must be provided to the hotel by December 1st, 2002, with payment arrangements.

Transportation: Must be arranged by the individual incoming member groups. Transportation will be needed to and from the hotel and ice arena as appropriate for individual groups.

***2003 North American International
Synchronized Skating Competition
Fraser, Michigan – January 9th – 10th, 2003***



OTHER HOTELS IN THE FRASER, MICHIGAN AREA

**COURTYARD BY MARRIOTT – UTICA
4600 UTICA PARK BLVD.
UTICA, MICHIGAN 48315-5913
Phone: 800-321-2211
Fax: 586-979-6100**

**QUALITY INN - WARREN
32035 VAN DYKE
WARREN, MICHIGAN 48093
Phone: 800-424-5423**

**COURTYARD BY MARRIOTT – TROY
1525 EAST MAPLE ROAD
TROY, MICHIGAN 48083
Phone: 248-528-2800**

**COURTYARD BY MARRIOTT – WARREN
30190 VAN DYKE AVENUE
WARREN, MICHIGAN 48093
Phone: 800-321-2211
Fax: 586-751-5777**

**La QUINTA – WARREN
7001 CONVENTION BLVD
WARREN, MICHIGAN 48092
Phone: 800-531-5900
Fax: 586-268-9020**

ALL THE ABOVE HOTELS ARE WITHIN A THREE TO FIVE (3-5) MILE RADIUS OF THE GREAT LAKES SPORTS CITY ARENA – FRASER, MICHIGAN



**2003 North American International
Synchronized Skating Competition**
Fraser, Michigan – January 9th – 10th, 2003

FORM HR
OFFICIAL HOTEL RESERVATION FORM
(Please, use block letters or type)

Return To Official Hotel / Deadline For Room Rate
December 1, 2002

(Signature Required)

OFFICIAL HOTEL RESERVATION COVERSHEET

Date: _____

To: BEST WESTERN STERLING INN
Fax: 586-979-7962

Ref: 2003 North American International Synchronized Skating Competition (NAISSC)

Team Name: _____

Contact Responsible for Team: _____

Telephone No.: _____ **Fax No.:** _____

Originating Country: _____

Payment Arrangements: _____

Number of Rooms Required: _____ **@ \$105.00 + TAX(USD) = \$** _____

Check In Date: _____ **Check Out Date:** _____

Signature of Contact Responsible for Team: _____

In order to speed up check-in procedures, please use **FORM HR (continued)** as your rooming list. Make as many additional copies as necessary.

ATTENTION !!!!! DEADLINE – DECEMBER 1, 2002



**2003 North American International
Synchronized Skating Competition
Fraser, Michigan – January 9th – 10th, 2003**

**FORM HR
(Continued)**

OFFICIAL HOTEL RESERVATION FORM
(Please, use block letters or type)

**Return To Official Hotel with FORM HR
Deadline For Room Rate
December 1, 2002**

TEAM ROOMING LIST

Please list all names in room. Make additional copies as necessary.

ROOM ____				
NAME	ARRIVAL	DEPARTURE	PLACE/ DATE OF BIRTH	PASSPORT #
1.				
2.				
3.				
4.				

ROOM ____				
NAME	ARRIVAL	DEPARTURE	PLACE/ DATE OF BIRTH	PASSPORT #
1.				
2.				
3.				
4.				

ROOM ____				
NAME	ARRIVAL	DEPARTURE	PLACE/ DATE OF BIRTH	PASSPORT #
1.				
2.				
3.				
4.				

ROOM ____				
NAME	ARRIVAL	DEPARTURE	PLACE/ DATE OF BIRTH	PASSPORT #
1.				
2.				
3.				
4.				



**2003 North American International
Synchronized Skating Competition
Fraser, Michigan – January 9th – 10th, 2003**

**FORM PA
PROGRAM ADVERTISEMENT ORDER FORM**

(Please, use block letters or type)

**Deadline For Return
November 15, 2002**

Program Advertisement Cost:

This program will be 8 ½" by 11" in size.

<i>Full Page (Inside Front Cover)-</i>	<i>\$ 400.00 (USD)</i>
<i>Full Page (Inside Back Cover)-</i>	<i>\$ 315.00 (USD)</i>
<i>Full Page -</i>	<i>\$ 225.00 (USD)</i>
<i>1/2 Page -</i>	<i>\$ 110.00 (USD)</i>
<i>1/4 Page -</i>	<i>\$ 60.00 (USD)</i>
<i>1/8 Page (Business Card) -</i>	<i>\$ 30.00 (USD)</i>

PRICES QUOTED ARE FOR BLACK AND WHITE ONLY.

AD DEADLINE IS NOVEMBER 15, 2002

Name Of Advertiser _____
Address _____
City, State & Zip _____
Phone Number (_____) _____ - _____ Ex. _____
Specify Ad Size _____
Total Enclosed \$ _____

**PLEASE ATTACH ADVERTISING COPY WITH SUBMITTAL
Submissions Received Without Copy Will Be Returned**

**Return to: DMSC / NAISSC - 2003
C/O Robert Ellwood, MD
P.O. Box 1360
Birmingham, MI 48012
USA**



**2003 North American International
Synchronized Skating Competition**
Fraser, Michigan – January 9th – 10th, 2003

FORM TA
TICKETS ADVANCED ORDER FORM

(Please, use block letters or type)

Deadline For Return

November 15, 2002

SPECIAL ALL-EVENT PASS

2003 NAISSC

Admissions for the 2003 North American International Synchronized Skating Competition will be \$15.00 per day. A special ALL EVENT PASS, good for both days of the competition, will cost only \$20.00.

Make checks payable to: **DMSC / NAISSC 2003**

Number of ALL EVENT PASSES: _____ X \$20.00 (USD) = _____

Number of DAY PASSES: _____ X \$15.00 (USD) = _____

Return this form and payment to:
DMSC / NAISSC - 2003
C/O Robert Ellwood, MD
P.O. Box 1360
Birmingham, MI 48012
USA

TEAM NAME: _____

TEAM CONTACT PERSON: _____

PHONE: _____ FAX: _____

ADDRESS: _____

IMPORTANT NOTICE:

Each team member, listed on your official roster, will receive a credential for admission to all events.

Each team will be allowed one (1) coaches credential.

Each team will be allowed three (3) chaperone credentials (includes the team manager).

Order carefully – NO REFUNDS OR EXCHANGES

Tickets will be distributed with team registration materials at the registration desk.