

**2003 RISING STARS COMPETITION**  
**SANCTIONED BY THE USFSA**  
**HOSTED BY: GARFIELD HEIGHTS FIGURE SKATING CLUB**

**DATES:**        **NOVEMBER 14, 15, 16, 2003**

**PLACE:**        **DAN KOSTEL RECREATION CENTER**  
                  **5411 TURNEY ROAD**  
                  **GARFIELD HEIGHTS, OHIO 44125**

**PURPOSE:** The Rising Stars Competition was established to stimulate interest in the beginning level of figure skating and to afford a competitive experience for as many skaters as possible. No school figures or moves-in-the field will be skated.

**RULES:** The competition will be conducted in accordance with the rules set forth in the current edition of the USFSA Rule Book.

**ELIGIBILITY:** This competition is a non-qualifying competition, open to all 2003 registered members of the USFSA. Skaters will compete at their **Freeskating** level as of **October 10, 2003**, or one level higher, **BUT NOT BOTH**. Skaters may not compete below their test level as of October 10, 2003. Skaters must be registered members of the USFSA.

**ENTRIES:** There is no limit to the number of entries from each participating club in any event. Any event with a large number of entries will be separated into smaller groups by birth date. Winners of any Rising Star event may not enter that event again. Skaters must enter the next higher category regardless of their current test level.

**ENTRY FEES:**

<u>Single Events:</u>	<u>Pairs, Couples Events</u>	<u>Solo Dance Events</u>
\$50.00 for the first single event	\$50.00 per team for the first event	\$25.00 for the first solo dance event
\$20.00 for the second single event	\$30.00 per team for the second event	\$15.00 for the second solo dance event
\$15.00 for each additional event	Each Partner must complete an application.	\$50.00 for all three events
	Please return applications together.	

**THERE WILL BE A \$25.00 SERVICE CHARGE ASSESSED FOR EACH RETURNED CHECK.**

**DEADLINE:** Entry forms must be filled out completely and mailed along with a check or money order made payable to: **GARFIELD HEIGHTS FIGURE SKATING CLUB**. All entries must bear an official U.S. postmark, on or before Midnight **October 10, 2003**. **No late entries will be accepted.** No refunds after closing date, unless the event is canceled for lack of participation. Two entries constitute a competition in any event.

**Please Note: NO REFUNDS for any reason INCLUDING MEDICAL (except in the case of a death in the immediate family).** PLEASE MAIL SEPARATE CHECKS FOR ENTRY FEES AND PRACTICE ICE.

<b>Mail Entry Application To:</b> <b>Joyce Lange</b> <b>16022 Messenger Road</b> <b>Burton, Ohio 44021</b>
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**ADMISSION:** Free with a non-perishable food item (will be donated to a local organization).

**PRACTICE ICE:** Practice ice will be available on Thursday, November 13, 2003. See attached practice ice form. Rink size is 85' x185'.

**REGISTRATION:** The official registration desk will be located in the lobby of the Recreation Center and will be open beginning with Practice Ice. All skaters must report one hour prior to their event.

**MUSIC:** Freeskating competitors must provide music on cassette only. NO TAPES LONGER THAN C-30's WILL BE PERMITTED. All cassettes must be marked with name and event on the side to be played. Skaters should have a suitable emergency back-up cassette at the rink. Skaters are to turn in their music at the time of registration. Music should be reclaimed at the desk after the completion of the event. Music will be provided for compulsory dance.

**EVENTS:** All events will be final rounds. Medals will be awarded for first, second, and third place. Ribbons will be awarded for fourth place.

**TROPHY:** The Rising Stars Club Trophy, awarded to the participating club with the most points accumulated during the competition will be presented at the close of the Competition.

**OFFICIAL NOTICE & SCHEDULES:** An official board will be maintained in the lobby of the Recreation Center. Posting of schedules and announcements shall constitute sufficient official notice to competitors, coaches and officials. A schedule of events and practice ice will be posted at each competing club at least one week prior to the competition. Check the official board area upon arrival for any changes.

**PARKING:** Off-street parking is available by entering from the Turney Road entrance at the drive leading to the Civic Center and the Library. Additional parking is available leading from the tennis courts to the main entrance to the Rink.

For general information regarding the 2003 Rising Stars competition, please contact:

CO-CHAIRPERSONS:	Gerri Royer	(216) 663-7461	Email: <a href="mailto:G1021R@aol.com">G1021R@aol.com</a>
	Joyce Lange	(440) 543-1672	Email: <a href="mailto:JALange81@aol.com">JALange81@aol.com</a>
APPLICATIONS:	Joyce Lange	(440) 543-1672	Email: <a href="mailto:JALange81@aol.com">JALange81@aol.com</a>
PRACTICE ICE:	Dorothy Furman	(216) 536-8937	Email: <a href="mailto:Dblflip09@aol.com">Dblflip09@aol.com</a>
WEBSITE:	www.clevelandskating.com or www.my.en.com/~ghfsc/		

**THE FOLLOWING IS A LIST OF AREA HOTELS THAT ARE CONVENIENT TO THE DAN KOSTEL RECREATION CENTER:**

Holiday Inn (I-77 and I-480)	Comfort Inn	Hampton Inn	Embassy Suites
6001 Rockside Road	6191 Quarry Lane	6020 Jefferson	6060 Rockside Woods Blvd
Independence, OH	Independence, OH	Independence, OH	Independence, OH
(216) 524-8050	(216) 328-7777	(216) 520-2020	(216) 524-4995

**DIRECTIONS TO DAN KOSTEL RECREATION CENTER:**

I-480-WEST Exit at E. 98<sup>th</sup> Street/Transportation Blvd. - Continue through light onto Antenucci Blvd.. Turn left on Turney Road, cross over the I-480 Bridge; turn Right into Civic Center; Recreation Center is the last building on right.

I-480-EAST Exit at E. 98<sup>th</sup> Street/Transportation Blvd. - Turn left onto Transportation Blvd.; turn left onto Antenucci Blvd. (1<sup>st</sup> light). Turn left on Turney Road, cross over the I-480 Bridge. Turn right into Civic Center; Recreation Center is the last building on the right.

## EVENT CATEGORIES, TIMES AND REQUIREMENTS

### FREE SKATING

**Skaters may skate at their highest freeskating level passed or one level higher. Adults must be 25 years of age or older. Freeskating events will be in accordance to the rules set forth in the current edition of the USFSA rulebook.**

CATEGORY	MINUTES	MUST HAVE PASSED
Beginner A	1:00	No Test requirement
Beginner B	1:30	No Test requirement
Pre-Preliminary	1:30	Pre-Preliminary Free Skating Test
Preliminary	1:30	Preliminary Free Skating Test
Pre-Juvenile	2:00	Pre-Juvenile Free Skating Test
Adult Pre-Bronze	Not to exceed 1:40	Adult Pre-Bronze Free Skating Test
Adult Bronze	Not to exceed 1:40	Adult Bronze Free Skating Test

### COMPULSORY MOVES

**Beginner through Pre-Juvenile skaters will present a program without music no longer than the specified times. Test requirements are the same as for free skating. All compulsory moves will be skated on ½ ice surface. Elements may be skated in any order, and deductions will be taken for additional elements. Adults must be 25 years of age or older.**

CATEGORY	MINUTES	REQUIRED ELEMENTS
Beginner	1 minute or less	1. Salchow Jump 2. Upright scratch spin (minimum of 3 revolutions) 3. Waltz Jump 4. Forward Spiral 5. Half Flip or Half Lutz Jump
Pre-Preliminary	1 minute or less	1. Flip Jump 2. Split Jump 3. Combination Jump; any two single jumps with no steps or turns between (No Axel) 4. Sit Spin (minimum of 3 revolutions) 5. Forward Outside Spiral
Preliminary	1:15 minute or less	1. Single Jump of choice (Axel permitted) 2. Camel Spin (minimum of 3 revolutions in camel position) 3. Combination Jump; any two single jumps with no steps or turns between (may not repeat the single jump selected above) 4. Combination spin (no change of foot) 5. Straight Line or Diagonal Footwork
Pre-Juvenile	1:15 minutes or less	1. Axel Jump 2. Camel Spin (minimum of 3 revolutions in camel position) 3. Lutz-Loop Combination Jump; with no steps or turns between 4. Front to Back Scratch Spin (minimum of 4 rev. on each foot, exit on spinning foot) 5. Straight Line or Diagonal Footwork
Adult Pre-Bronze/ Bronze	1:15 minutes or less	1. Straight Line or Diagonal Footwork 2. Salchow Jump 3. Waltz Jump-Toe Loop combination with no steps or turns between 4. Upright Scratch Spin (minimum 3 revolutions) 5. Spiral (forward outside)

### NOTES FOR COMPULSORY MOVES

- The required elements may be skated **IN ANY ORDER**. Unprescribed additional jumps or spins are not permitted. Marks will be deducted if any are included.
- Jumps and combination jumps will be evaluated on: speed and flow from takeoff to landing, cleanness of takeoff, height of jump, body position in the air and control of the landing. Combination jumps must have no steps or turns in between combination jumps.
- Spins and combination spins will be evaluated on: number and speed of revolutions, center of spins, body position in the spin and control of the exit from the spin.
- Footwork will be evaluated on: difficulty of steps, neatness, sureness and cleanness of steps, speed of travel and body position.

## **COUPLES DANCE EVENTS**

### **PRELIMINARY**

<b>CATEGORY</b>	<b>DANCES</b>	<b>BOTH PARTNERS</b>
Preliminary (Initial Round)	Canasta Tango	May not have completed the Preliminary Dance Test
	Dutch Waltz	May not have completed the Preliminary Dance Test
Preliminary (Final Round)	Rhythm Blues	May not have completed the Preliminary Dance Test
	Swing Dance	May not have completed the Preliminary Dance Test

### **PRE-JUVENILE**

<b>CATEGORY</b>	<b>DANCES</b>	<b>BOTH PARTNERS</b>
Pre-Juvenile (Initial Round)	Cha-Cha	May not have passed the Pre-Bronze Dance Test
	Dutch Waltz	May not have passed the Pre-Bronze Dance Test
Pre-Juvenile (Final Round)	Canasta Tango	May not have passed the Pre-Bronze Dance Test
	Rhythm Blues	May not have passed the Pre-Bronze Dance Test

### **JUVENILE**

<b>CATEGORY</b>	<b>DANCES</b>	<b>BOTH PARTNERS</b>
Juvenile (Initial Round)	Ten Fox	May not have completed the Bronze Dance Test
	Hickory Hoedown	May not have completed the Bronze Dance Test
Juvenile (Final Round)	Cha-Cha	May not have completed the Bronze Dance Test
	Willow Waltz	May not have completed the Bronze Dance Test

## **SOLO DANCE EVENTS**

<b>DANCES</b>	<b>LAST TEST LEVEL PASSED</b>
Canasta Tango	May not have completed the Preliminary Dance Test
Dutch Waltz	May not have completed the Preliminary Dance Test
Rhythm Blues	May not have completed the Preliminary Dance Test
Cha-Cha	May not have completed the Pre-Bronze Dance Test
Fiesta Tango	May not have completed the Pre-Bronze Dance Test
Swing Dance	May not have completed the Pre-Bronze Dance Test
Hickory Hoedown	May not have completed the Bronze Dance Test
Willow Waltz	May not have completed the Bronze Dance Test
Ten Fox	May not have completed the Bronze Dance Test

### **NOTES FOR DANCERS**

1. Solo Dancers may enter up to three solo dances. Medals will be given for each dance.
2. The referee will determine which patterns will be skated.

## **PAIRS EVENTS**

### **MIXED PAIRS**

<b>CATEGORY</b>	<b>MINUTES</b>	<b>MUST HAVE PASSED</b>
Preliminary	1:30	Preliminary, but not Juvenile Pair Test
Juvenile	2:00	Juvenile, but not Intermediate Pair Test

### **SIMILAR PAIRS**

<b>MINUTES</b>	<b>MUST HAVE PASSED</b>
1:30	No test requirement, but not Juvenile Free Skating Test
2:00	Pre-Preliminary, but not Juvenile Free Skating Test

## **ARTISTIC**

Eligibility by test level as described for Free Skating events. Vocal music may be used. Appropriate costumes are encouraged but not mandatory and should not pose a safety hazard to the skater. Judging will emphasize artistic expression, originality, creativity and musical interpretation. Only hand-held props may be used. Costume accessories, once removed, are props. Nothing may be placed on the ice surface.

<b>CATEGORY</b>	<b>MINUTES</b>
Beginner	1:30
Pre-Preliminary	1:30
Preliminary	1:30
Pre-Juvenile	1:30
Adult Pre-Bronze/Bronze	1:30

**OFFICIAL ENTRY FORM  
RISING STAR'S COMPETITION  
NOVEMBER 14-16, 2003**

**Please *print* all information**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Home Club: \_\_\_\_\_ USFSA # \_\_\_\_\_

Coach's Signature: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Highest Test Passed: Free Skate \_\_\_\_\_ Date \_\_\_\_\_ Moves \_\_\_\_\_ Date \_\_\_\_\_

Dance \_\_\_\_\_ Date \_\_\_\_\_ Figures \_\_\_\_\_ Date \_\_\_\_\_

Pairs \_\_\_\_\_ Date \_\_\_\_\_

Partner's Name: \_\_\_\_\_ Partner's USFSA # \_\_\_\_\_

(Partner is required to submit a separate entry form)

**CERTIFICATE OF ELEGIBILITY:** I CERTIFY THAT THE ABOVE NAMED SKATER IS A MEMBER IN GOOD STANDING OF THE USFSA CLUB INDICATED AND THAT THE TEST LEVEL INDICATED IS TRUE AND CORRECT.

**SIGNATURE:** \_\_\_\_\_ **TITLE** \_\_\_\_\_  
TEST CHAIRPERSON OR CLUB OFFICIAL

**CHECKLIST**

- ☐ Signatures
- ☐ Medical release form completed and enclosed
- ☐ Application completed and enclosed
- ☐ Program Ad enclosed
- ☐ Entry Fee Check
- ☐ Practice Ice request (mailed separately)

**APPLICATIONS MUST BE POSTMARKED BY MIDNIGHT OCTOBER 10, 2003**

TOTAL FEES ENCLOSED: \_\_\_\_\_ (NO CASH PLEASE)

MAKE ALL CHECKS/MONEY ORDERS PAYABLE TO:

**GARFIELD HEIGHTS FIGURE SKATING CLUB**

**Mail Application and Payment to:  
Joyce Lange  
16022 Messenger Road  
Burton, Ohio 44021**

Competitor's Name \_\_\_\_\_ USFSA# \_\_\_\_\_

**CHECK EACH EVENT ENTERED**

**Ladies** \_\_\_\_\_ **Men** \_\_\_\_\_

<b>BEGINNER</b>	<b>PRE-PRELIMINARY</b>	<b>PRELIMINARY</b>	<b>PRE-JUVENILE</b>	<b>ADULT PRE-BRONZE/ BRONZE</b>
<input type="checkbox"/> Compulsory <input type="checkbox"/> Freeskate A <input type="checkbox"/> 1:00 minute B <input type="checkbox"/> 1:30 minutes	<input type="checkbox"/> Compulsory <input type="checkbox"/> Freeskate 1:30 minutes	<input type="checkbox"/> Compulsory <input type="checkbox"/> Freeskate 1:30 minutes	<input type="checkbox"/> Compulsory <input type="checkbox"/> Freeskate 2:00 minutes	<input type="checkbox"/> Compulsory <input type="checkbox"/> Freeskate – PRE-BRONZE 1:40 minutes Max. <input type="checkbox"/> Freeskate – BRONZE 1:40 minutes Max.

**SOLO DANCE**

**Ladies** \_\_\_\_\_ **Men** \_\_\_\_\_

<b>PRELIMINARY</b>	<b>PRE-JUVENILE</b>	<b>JUVENILE</b>
<input type="checkbox"/> Canasta Tango <input type="checkbox"/> Dutch Waltz <input type="checkbox"/> Rhythm Blues	<input type="checkbox"/> Cha-Cha <input type="checkbox"/> Fiesta Tango <input type="checkbox"/> Swing Dance	<input type="checkbox"/> Hickory Hoedown <input type="checkbox"/> Willow Waltz <input type="checkbox"/> Ten Fox

**DANCE/PAIRS/ARTISTIC**

<b>COUPLES DANCE</b>	<b>MIXED PAIRS</b>	<b>SIMILAR PAIRS</b>	<b>ARTISTIC</b>
<input type="checkbox"/> Preliminary <input type="checkbox"/> Pre-Juvenile <input type="checkbox"/> Juvenile	<input type="checkbox"/> Preliminary <input type="checkbox"/> Juvenile	<input type="checkbox"/> Similar Pairs	<input type="checkbox"/> Beginner <input type="checkbox"/> Pre-Preliminary <input type="checkbox"/> Preliminary <input type="checkbox"/> Pre-Juvenile <input type="checkbox"/> Adult Pre-Bronze/Bronze

**ENTRY FEES:**

Single Events:

\$50.00 for the first single event  
 \$20.00 for the second single event  
 \$15.00 for each additional event

Pairs, Couples Events

\$50.00 per team for the first event  
 \$30.00 per team for the second event  
 Each Partner must complete an application.  
 Please return applications together.

Solo Dance Events

\$25.00 for the first solo dance event  
 \$15.00 for the second solo dance event  
 \$50.00 for all three events

**MEDICAL FORM  
RISING STAR'S COMPETITION  
NOVEMBER 14-16, 2003**

SKATER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_

PARENT'S OR GUARDIAN'S BUSINESS PHONE : (\_\_\_\_) \_\_\_\_\_

*Insurance Information:*

NAME OF INSURED: \_\_\_\_\_ POLICY # \_\_\_\_\_

Person to contact in an emergency if parent or guardian cannot be reached:

Name: \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_ Home: (\_\_\_\_) \_\_\_\_\_

Family Doctor (Used in an Emergency only)

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Family Dentist (Used in an Emergency only)

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Please list any known allergies or medical conditions that would be relevant in case of an emergency:**

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**THIS FORM MUST BE RETURNED WITH YOUR APPLICATION; OTHERWISE SKATER  
WILL NOT BE PERMITTED ON THE ICE. THANK YOU!!!**

**WAIVER OF CLAIMS FOR INJURY**

I understand that the USFSA and the Garfield Height FSC 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) or guardian(s) agree to assume all risks of injury and loss of property resulting from, caused by or connected with, the conduct and management of this competition, and to waive and release any and all claims which they may have against any officials, the USFSA, the Garfield Heights FSC and its officers.

SIGNATURE OF PARENT OR GUARDIAN  
OR COMPETITOR IF OVER AGE 18. \_\_\_\_\_



## **PRACTICE ICE APPLICATION**

### **PRACTICE ICE SESSIONS WILL BE ON THURSDAY, NOVEMBER 13, 2003 (11:00 AM - 5:30 PM.)**

Each practice ice session will be 30 minutes. Each skater will be limited to **THREE PRACTICE SESSIONS** for Freeskating programs. Practice session time is available for Compulsory events, however, you may skate Compulsory programs during the Freeskating practice if you so wish. NOTE: Freeskating programs will be played only once per Freeskate session.

Practice Ice will be assigned by groups whenever possible. Each practice session will be limited in the number of skaters on the ice. Practice Ice sessions will be scheduled for Dance and Pair Events if the number of entries warrant separate practice time.

All schedules for practice ice, as well as competition times will be forwarded to the participating club for posting at your respective rink. No individual schedules will be mailed to the skaters.

PLEASE CHECK THE APPROPRIATE LEVEL:

FEE PER SESSION: \$8.00

<input type="checkbox"/>	Beginner – Compulsory	<input type="checkbox"/>	Pre-Juvenile – Freeskate
<input type="checkbox"/>	Beginner – Freeskate	<input type="checkbox"/>	Adult Pre-Bronze/Bronze Compulsory
<input type="checkbox"/>	Pre-Preliminary – Compulsory	<input type="checkbox"/>	Adult Pre-Bronze/Bronze Freeskate
<input type="checkbox"/>	Pre-Preliminary – Freeskate	<input type="checkbox"/>	Solo Dance – Preliminary, Pre-Juvenile, Juvenile
<input type="checkbox"/>	Preliminary – Compulsory	<input type="checkbox"/>	Couples Dance - all levels (\$8.00 per competitor)
<input type="checkbox"/>	Preliminary – Freeskate	<input type="checkbox"/>	Mixed Pairs – Preliminary/Juvenile (\$8.00 per competitor)
<input type="checkbox"/>	Pre-Juvenile – Compulsory	<input type="checkbox"/>	Similar Pairs (\$8.00 per competitor)

NUMBER OF PRACTICE SESSIONS: \_\_\_\_\_ x \$8.00 PER SESSION TOTAL ENCLOSED \$ \_\_\_\_\_

NAME \_\_\_\_\_ PHONE: ( \_\_\_\_ ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME CLUB: \_\_\_\_\_ COACH: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

**PLEASE MAKE CHECK PAYABLE TO: (NO CASH PLEASE!)**

**GARFIELD HEIGHTS FIGURE SKATING CLUB**

**AND MAIL WITH PRACTICE ICE APPLICATION TO:**

**Dorothy Furman  
4986 East 88<sup>th</sup> Street  
Garfield Heights, Ohio 44125**

**For information on Practice Ice, contact Dorothy Furman at (216) 536-8937 or email at [Dblflip09@aol.com](mailto:Dblflip09@aol.com)**

# 2003 RISING STARS MANEUVER TEAM COMPETITION (NOVEMBER 14-16, 2003)

A figure skating club may enter two teams in Pre-Preliminary, Preliminary, and Pre-Juvenile Competition for a maximum of six teams per club. Skaters may only skate for their home club. BOTH BOYS AND GIRLS MAY SKATE ON ONE TEAM. There are five members per team with one maneuver being performed by each member. Should a skater be unable to compete due to illness or injury, a teammate may do his maneuver with proper notice to the referee of this event. **There must be a minimum of four (4) skaters to compete as a team** (5 is still the number that should sign up.) **No one skater may perform more than one jump or spin. A SKATER MAY SKATE ON ONE TEAM ONLY.** No award points will be given for maneuver team placements. Members of previous winning teams need not compete at a higher level.

Pre-Preliminary Team	Preliminary Team	Pre-Juvenile Team
Passed no test higher than Pre-Preliminary Free-Skating Test	Passed no test higher than Preliminary Free Skating Test	Passed no test higher than Pre-Juvenile Free Skating Test
1. Waltz Jump	1. Flip	1. Loop
2. Salchow	2. Forward Spiral	2. Camel Spin
3. One Foot Spin	3. Back Scratch Spin	3. Lutz
4. Toe Loop	4. Lutz	4. Flip/Toe-Loop Jump Combination
5. ½ Flip	5. Salchow/Toe-Loop Jump Combination	5. Front Scratch to Back Scratch Spin

Each Team is to name a Team Leader through whom any communication with the team may be handled. Team Applications must be submitted on a separate application. Each team must have a sign 28" x 12" which includes the Club name and Team #.

Example: Garfield FSC  
Preliminary Team 1

Garfield FSC  
Preliminary Team 2

## MANEUVER TEAM APPLICATION

Team Name \_\_\_\_\_ Team Number \_\_\_\_\_ Home Club \_\_\_\_\_

SKATER'S NAME	USFSA#	HIGHEST FREESKATE TEST PASSED
1.		
2.		
3.		
4.		
5.		

### ENTRY FEE

Per Skater (if only event): **\$10.00** Per Skater (If additional event): **\$5.00**

**Make check payable to "Garfield Heights Figure Skating Club"**  
**Mail Application, Medical Form, and Payment to:**

**Joyce Lange**  
**16022 Messenger Road**  
**Burton, Ohio 44021**

**Each skater must include a separate medical release form. Application must be postmarked by midnight OCTOBER 10, 2003.**  
PLEASE NOTE: This event is subject to cancellation by the referee if competition does not have enough time for the event to take place.