

28th Annual
TRI-STATE SYNCHRONIZED TEAM SKATING
CHAMPIONSHIPS

Saturday, February 15, 2003
Mentor Civic Arena
8600 Munson Road, Mentor, Ohio 44060

The Mentor Figure Skating Club is pleased to host the 28th Annual Tri-State Synchronized Team Skating Championships at the Mentor Civic Arena, Mentor, Ohio, on Saturday, February 15, 2003. This competition has been sanctioned by the U.S.F.S.A. and will be conducted in accordance with the rules set forth in the 2002-2003 edition of the U.S.F.S.A. rulebook.

Applications: All applications must be postmarked no later than December 14, 2002. Each team must submit a typed list of all (including alternate) team members' name, birth date, and U.S.F.S.A. identification number. Please use the attached form. There will be a maximum number of entries of each division.

Forms are also available on line @ <http://www.mentorfsc.org> and <http://www.clevelandskating.com> and <http://www.Sk8stuff.com>.

Mail applications to: **Patty Carruth**
8250 Bellflower Rd.
Mentor, Ohio 44060

Fees: The entry fee is \$75 per team plus \$15 per competitor, including alternates. All fees are due when applications are submitted and must be paid in U.S. Dollars only. Please make checks payable to: Mentor Figure Skating Club.

Practice Ice: Practice ice will be on the competition surface, which measures 85' by 200'. Practice ice will be available on Friday, February 14, 2003, from 4:00pm until midnight on a first-come first served basis using the enclosed practice ice form. The fee will be \$75 per 15 minute segment. Each team will be able to skate their entire program on the warm-up rink prior to their competition program.

Awards: Awards will be made on a basis of final placement. All team members of teams placing first through fourth will be awarded medals.

Music: All teams must have two (2) tapes/CDs of each program they will be skating. If practice ice is being purchased, please bring an additional tape/CD for that session and turn it in at the practice session. All other music tapes/CDs will be turned at registration.

Registration: The registration desk will be in the central downstairs lobby of the arena. The coach or team manager of each team must register and pick their team packet. Two music tapes/CDs must be turned in at this time.

Videotaping: Ledin Video will videotape and have action shots of this competition. Group pictures will be taken of the winners on the ice.

Accommodations: Refer to the enclosed list of hotels. Call or e-mail as directed to Joni Scott for all hotel reservations. Teams must use these listed hotels to participate in this competition. Over 600 rooms have been secured.

Skaters bags will be stored in a **secured area** when not in use for the competition. They will not be allowed in the bleachers due to very limited seating. Thank you for your help and understanding.

YOU MAY REPRODUCE ANY FORMS.

FOR ADDITIONAL INFORMATION CONTACT:

Patty Carruth
8250 Bellflower Rd.
Mentor, Ohio 44060

Kelly Powell
7737 William St.
Mentor, Ohio 44060

Phone 440-487-1250
Fax 440-255-9874
E-mail pattycarruthrn@aol.com

Phone 440-257-0159

DEADLINE IS DECEMBER 14, 2002

TRI-STATE SYNCHRONIZED TEAM SKATING CHAMPIONSHIPS

**Application Form
(one team per application)**

Team Name: _____ **# of skaters** _____

Club Name: _____ **U.S.F.S.A. #** _____

Coach: _____ **Phone:** _____

Assistant: _____ **Phone:** _____

Contact Person: _____ **Phone (H):** _____

Address: _____ **Phone (Cell):** _____

City/State/Zip: _____

Hotel where Team will be staying: _____

Arrival date and time: _____

Division Entered:

<input type="checkbox"/> Preliminary	<input type="checkbox"/> Junior Classic	<input type="checkbox"/> Adult
<input type="checkbox"/> Youth Introductory	<input type="checkbox"/> Junior Short Program	<input type="checkbox"/> Masters
<input type="checkbox"/> Teen Introductory	<input type="checkbox"/> Junior Free Skate	<input type="checkbox"/> Adult Intro.
<input type="checkbox"/> Juvenile	<input type="checkbox"/> Senior Short Program	<input type="checkbox"/> Collegiate
<input type="checkbox"/> Intermediate	<input type="checkbox"/> Senior Free Skate	<input type="checkbox"/> Collegiate Intro.
<input type="checkbox"/> Novice		

Fee: \$75 per team/per event plus \$15 per competitor per event, including alternates.

All fees are payable in U.S. dollars only.

I have enclosed:

\$_____ for _____ events(s) @ \$75 per team per event.

\$_____ for _____ competitors @ \$15 per skater per event.

\$_____ Total

----- CERTIFICATION -----

**All skaters listed as members of the _____, including
(team name)**

alternates, are to the best of my knowledge are members in good standing with our club, are amateurs, and eligible to compete under the U.S.F.S.A. rules.

Signature: _____

Title: _____

Print Name: _____

Club Name: _____

**TRI-STATE SYNCHRONIZED TEAM SKATING CHAMPIONSHIP
Team Roster Form**

Team Name : _____ **Division:** _____

Club: _____

Coaches: _____

Please type skaters' names in alphabetical order by skater's last name:

	Last Name	First Name	M.I.	Birth Date	Age*	ID **
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						

*** Age as of July 1, 2002**

**** U.S.F.S.A. number**

TRI-STATE SYNCHRONIZED TEAM SKATING CHAMPIONSHIPS

Practice ice will be available on Friday, February 14, 2003, from 4:00pm until midnight. Practice ice will also be available on Saturday, February 15, 2003, before the competition begins. Practice times will run in 15-minute segments on a first-come first-serve basis, at a rate of \$75 per segment on the competition ice surface.

Segments will be scheduled as the requests arrive.

Please fill out a separate form for each team.

Team Name: _____

Division: _____

Contact Person: _____ **Phone:** _____
Cell: _____

Hotel where team will be staying: _____

Arrival Date and time: _____

Indicate number of segments requested: _____

Indicate time range preferred: **first choice:** _____

Second choice: _____

Third choice: _____

Does this team have cross skater? _____ **If so, what other team?** _____

I have enclosed \$ _____ **for** _____ **segments.**

Please make check payable to Mentor Figure Skating Club. Make separate forms each team. You may copy forms as needed. Mail application, team rooster, and practice ice form to:

**Patty Carruth
8250 Bellflower Rd.
Mentor, Ohio 44060**

Deadline is December 14, 2002

TRI-STATE SYNCHRONIZED TEAM SKATING CHAMPIONSHIPS

Divisions

Preliminary: A team of 8-16 skaters. At least 75% of the team must be 9 years or younger on the preceding July 1. Up to 25% of the team may be 11 years or younger on the preceding July 1. (Time: 2 minutes).

Youth Introductory: A team of 8-12 skaters. The majority of the team must be 11 years of age or younger on the preceding July 1. (Time: 2 minutes).

Team Introductory: A team of 8-12 skaters. The majority of the team must be 18 years of age or younger on the preceding July 1. (Time: 2 minutes 30 seconds).

Juvenile: A team of 12-20 skaters. Skaters must be 11 years or younger on the preceding July 1. (Time: 3 minutes).

Intermediate: A team of 12-20 skaters. Skaters must be 15 years or younger on the preceding July 1. There can be no cross-overs to the Novice, Junior, or Senior divisions. (Time: 3 minutes 30 seconds).

Novice: A team of 12-20 skaters. Skaters must be 14 years or younger on the preceding July 1. (Time: 3 minutes 30 seconds).

Junior Classic: A team of 12-20 skaters. 75% must be 18 years or younger on the preceding July 1 and remaining 25% may be 19 years of age or older. There can be no cross-overs to the Junior or Senior divisions. (Time: 4 minutes).

Junior: A team of 12-20 skaters. Skaters must have reached the age of 12 years on the preceding July 1 and must have not reached the age of 19 years by the preceding July 1.

Short Program: (Time: 2 minutes 40 seconds)

Free Skating Program: (Time: 4 minutes).

Senior: A team of 16-20 skaters. Skaters must have reached the age of 14 years of age on the preceding July 1.

Short Program: (Time: 2 minutes 40 seconds)

Free Skating Program: (Time: 4 minutes 30 seconds)

Adult: A team of 12-20 skaters. Skaters must be 21 years of age or older on the preceding July 1 and 75% must be 25 years of age or older on the preceding July 1. (Time: 3 minutes 30 seconds)

Masters: A team of 8-20 skaters. Skaters must be 25 years of age or older on the preceding July 1 and 75% must be 35 years of age or older on the preceding July 1. (Time: 3 minutes).

Adult Introductory: A team of 8-12 skaters. The majority of the skaters must be 19 years of age or older on the preceding July 1. (Time: 2 minutes 30 seconds)

Collegiate: A team of 12-24 skaters. Skaters must be enrolled in a degree program as a full time student. Teams in this division must be sponsored by a college or university that has at least an Associate Membership in the U.S.F.S.A. The team must use the college or University's name as part of their name. (Time: 4 minute 30sec.)

Collegiate Introductory: A team of 8-16 skaters. Skaters must be enrolled in a degree program at a college or university full/part time. (Time: 2 minutes 30 seconds).

TRI-STATE SYNCHRONIZED TEAM SKATING CHAMPIONSHIPS

Ad Rates

_____ \$150.00 Full Page 7 / " X 10" _____ \$100.00 Half Page 7 / " X 5"
_____ \$50.00 ¼ Page 3 / " X 5" _____ \$25.00 Business Card 3 / " X 2"

Make Checks payable to: **MENTOR FIGURE SKATING CLUB**

Mail completed form, print-ready ad, and check to:

Renee` Singer
767 Cherokee Trail
Willoughby, Ohio 44094
440-946-5158
e-mail: dementia101@att.net

Advertiser's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person _____ Phone: _____

Amount Paid \$ _____

Special Instructions: _____

DEADLINE December 14, 2002

Receipt

Ad deadline: December 14, 2002 postmark Date received: _____

Received from: _____

Address _____ City _____ State _____ Zip _____

The Amount: \$ _____ Check # _____ For Size ad: _____

TRI-STATE SYNCHRONIZED TEAM SKATING CHAMPIONSHIPS

Program Pre-Order Form

Each Program is \$4.00

Name: _____

Team: _____

Number of Programs _____ @ \$4.00 each = _____.

Pin Pre-Order Form

Price per Pin is \$5.00

Name: _____

Team: _____

Number of Pins _____ @ \$5.00 each = _____.

2003 Tri-State Synchronized Team Skating Championships

Prepaid Boxed Lunches are made available to make the lunchtime the easiest. A dining area at the rink is available for all of those who purchase the boxed lunches. They will be available for the team starting at 10:30 a.m. through 2:30 p.m. Let registration aware if you need to pick up later and arrangements will be made.

Choices:

- | | |
|----------------------------------|---|
| #1 Ham on Kaiser Roll | #2 Veggie Sandwich on Sub French Bread |
| Lettuce, tomato, cheese on side. | Lettuce, tomato, cucumber, cheese, onion, |
| Chips, Fruit Cup, Cookie | Chips, Fruit Cup, Cookie |
| 22 oz. Water | 22 oz. Water |
| \$8.00 | \$8.00 |
| | |
| #3 Turkey on Croissant | #4 Roast Beef on Sub French Bread |
| Lettuce, tomato, cheese on side | Lettuce, tomato, cheese on side |
| Chips, Fruit Cup, Cookie | Chips, Fruit Cup, Cookie |
| 22 oz. Water | 22 oz. Water |
| \$8.00 | \$8.00 |

Honey Mustard and Mayonnaise packs included in each box lunch.

Name _____

Team _____

#1 _____ @ \$8.00 each = _____

#2 _____ @ \$8.00 each = _____

#3 _____ @ \$8.00 each = _____

#4 _____ @ \$8.00 each = _____

Total = _____