

**Fifth Annual
Synchronized Skating Kick-Off Classic
Saturday, November 20, 2004
Wings Stadium, Kalamazoo, MI**

**Sponsored by the Southwest Michigan Skating Club
Sanctioned by the USFSA**

**Referee: *Hannelore Murphy*
Accountant: *Maureen Dalton*
Music: *Jerry Wright***

Confirmed Judges:*

**Robert Bauer
Charles Cope
Dann Krueger
Lynne Robertson
Lydia Wolanchuk
Sharon Wright**

**Subject to change. Other judges to be announced*

Video: *Ledin Video*

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The Fifth Annual Synchronized Skating Kick-Off Classic will be held at the Wings Stadium Complex, Kalamazoo, Michigan. The competition will take place in the 5,000-seat arena. The competition surface and warm-up surface both measure 85 X 200 ft. The competition will be conducted in accordance with the rules set forth in the 2004-2005 edition of the USFSA Rulebook.

APPLICATIONS: All applications must be postmarked no later than **October 4, 2004**. Each team must submit a list (attached) of all team members' names (including alternates), birth date and USFSA identification number.

MAIL COMPLETED APPLICATIONS TO: Terry Lassen
146 Buckley Lane
Battle Creek, MI 49015

FEES: The entry fee is \$75.00 per team plus a \$15.00 per competitor fee, including alternates. All fees are due when applications are submitted and must be payable in U.S. dollars only. Please make checks payable to: **Southwest Michigan Skating Club**.

AWARDS: Awards will be made on a basis of final round placement. All members of teams placing first, second, third and fourth will be awarded medals.

MUSIC: All teams must have two (2) tapes or CDs for each program that they are skating. These tapes or CDs must be turned in at registration. If practice ice is being purchased, please bring an additional tape or CD and turn it in at the practice session. We encourage the use of CDs at this event.

REGISTRATION: The registration desk will be located at the lower level of the Players Entrance. The Coach or Team Manager for each team must register and turn in the team's music to receive the team packet.

PRACTICE ICE: Practice ice will be available on the competition surface on Friday evening and on both surfaces early Saturday morning. Ice time will be sold in 15-minute segments on a first come, first serve basis for \$60.00 per segment.

ON-ICE CRITIQUE SESSIONS: Critique sessions with the judges will begin shortly after the conclusion of the competition. The 15-minute segments will be available on a first come, first serve basis for \$60.00 per segment.

ADMISSION: There will be an admission fee of \$5.00 for spectators (those 62 and over \$4.00). No admission cost for children 5 and under.

INFORMATION: Please contact Chuck Buxton at 269-344-3194 or Terry Lassen at 269-963-7352, or e-mail kickoffclassic2@yahoo.com.

KICK-OFF CLASSIC REGISTRATION FORM

Team Name _____ Number of Skaters _____

Team Sanction No. _____

Club Name _____

Head Coach _____ Phone _____

Asst. Coach _____ Phone _____

Contact Person _____ Phone _____

Street Address _____ E-mail _____

City/State/Zip _____ Fax _____

DIVISION(S) ENTERED

Youth Intro _____

Novice _____

Collegiate Intro. _____

Juvenile _____

Junior Short _____

Collegiate _____

Preliminary _____

Junior Free Skate _____

Adult Intro. _____

Teen Intro _____

Senior Short _____

Adult _____

Intermediate _____

Senior Free Skate _____

_____ Masters _____

Junior Classic _____

PLEASE NOTE: TEAM MUST CARRY PROOF OF SKATER'S BIRTH DATE

Enclosed is: \$ _____ for _____

\$ _____ for _____

\$ _____ for _____

\$ _____ for _____

Team event(s) \$75 per team/per event

Competitors. \$15 per skater/per event

Critiques. \$60 per 15-minute segment

Practice Ice. \$60 per 15-minute segment

TOTAL \$ _____

Please make checks payable to *Southwest Michigan Skating Club* (in U.S. dollars only)

Please mail registration form, team roster, certification form and practice ice form to:

Terry Lassen
146 Buckley Lane
Battle Creek, MI 49015

(269) 963-7352

kickoffclassic2@yahoo.com

POSTMARK DEADLINE DATE: OCTOBER 4, 2004

Team Roster

Team Name _____

Division _____

Please type or print in alphabetical order by skater's last name. May be duplicated.

Last name/first name

Age*

Birth date

USFSA #

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. _____

*As of July 1, 2004

Practice Ice

Practice ice will be available Friday evening and Saturday morning (depending on availability) on a first-come, first-served basis. Practice is available in 15-minute segments for \$60.00 per segment.

Please complete a separate Practice Ice form for each team. This form may be reproduced as needed.

Team name _____

Division entered _____

Contact person _____

Phone _____

Fax _____

E-mail _____

Please indicate whether you prefer Friday evening or Saturday morning as your first choice. Please note that Saturday morning practice ice may be limited depending on competition start time.

Please circle preference: Friday evening Saturday morning Either

Please make checks payable to **Southwest Michigan Skating Club** and mail along with your completed registration form.

POSTMARK DEADLINE DATE: OCTOBER 4, 2004

CERTIFICATION FORM

Certification of officer of sponsoring organization:

All skaters listed as members of the _____, including
(team name)
alternates, are to best of my knowledge, amateurs and eligible to compete under
U.S.F.S.A. rules.

Print Name _____

Signature _____

Title _____

Club Name _____

Please mail, along with completed Registration Form, Team Roster, and Practice Ice
Form (if applicable) to:

Terry Lassen
146 Buckley Lane
Battle Creek, MI 49015

Any questions please contact: Terry Lassen
(269) 963-7352
kickoffclassic2@yahoo.com

Chuck Buxton
(269) 344-3194

POSTMARK DEADLINE DATE: OCTOBER 4, 2004