

**ALBERT VIVIANI MEMORIAL COMPETITION
SEPTEMBER 9-12, 2004**

Name _____		Male _____	Female _____
Address _____		City _____	State _____ Zip _____
Phone w/Area Code _____		Birthdate _____	
Home Club _____		USFSA/CFSA _____	
Pro's Name & Phone _____		Partner's Name _____	
LIST THE HIGHEST TEST PASSED AS OF 7/23/04: Freestyle _____ Pair _____ Dance _____			

CHECK THE EVENTS YOU ARE ENTERING (Mark carefully & neatly)

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th style="text-align: center;">COMBINED EVENTS</th></tr> <tr><td>Senior</td></tr> <tr><td>Junior</td></tr> <tr><td>*Novice</td></tr> <tr><td>*Intermediate</td></tr> </table>	COMBINED EVENTS	Senior	Junior	*Novice	*Intermediate	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th style="text-align: center;">COMPULSORY MOVES</th></tr> <tr><td>Low Beginner</td></tr> <tr><td>High Beginner</td></tr> <tr><td>Pre-Preliminary</td></tr> <tr><td>Preliminary</td></tr> <tr><td>Pre-Juvenile</td></tr> </table>	COMPULSORY MOVES	Low Beginner	High Beginner	Pre-Preliminary	Preliminary	Pre-Juvenile	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th style="text-align: center;">SPINS</th></tr> <tr><td>Pre-Preliminary</td></tr> <tr><td>Preliminary</td></tr> <tr><td>Pre-Juvenile/Juvenile</td></tr> <tr><td>Intermediate/Novice</td></tr> <tr><td>Junior/Senior</td></tr> </table>	SPINS	Pre-Preliminary	Preliminary	Pre-Juvenile/Juvenile	Intermediate/Novice	Junior/Senior	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th style="text-align: center;">ARTISTIC SHOWCASE</th></tr> <tr><td>Group I (Beginner)</td></tr> <tr><td>Group II (Pre-Prelim/Prelim)</td></tr> <tr><td>Group III (Pre-Juv/Juv)</td></tr> <tr><td>Group IV (Interm. & Above)</td></tr> <tr><td>Adult (25 years. & over)</td></tr> </table>	ARTISTIC SHOWCASE	Group I (Beginner)	Group II (Pre-Prelim/Prelim)	Group III (Pre-Juv/Juv)	Group IV (Interm. & Above)	Adult (25 years. & over)																	
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*** DENOTES
FUTURE
CHAMPIONS EVENT**

FEES: \$65 First Event \$90 Combined Event \$20 Each Additional Event
Pairs/Dance Team only: \$35 per skater for first event. \$20 per skater for each additional event
Solo Dance: \$25 first dance if dance is only event skated. \$15 for each additional dance

Make checks payable to: WYANDOTTE FIGURE SKATING CLUB (\$25 fee for all returned NSF checks)

**MAIL TO: 2004 COMPETITION
C/O NANCY GAGNIER
264 VINEWOOD
WYANDOTTE, MI 48192**

ENCLOSE A SELF-ADDRESSED (SKATER'S NAME), STAMPED, BUSINESS SIZE ENVELOPE WITH APPLICATION & FEES

PLEASE DO NOT SEND APPLICATION VIA REGISTERED OR CERTIFIED MAIL

CLOSING DATE – JULY 23, 2004

CERTIFICATION OF COMPETITOR BY CLUB OFFICER

I hereby approve the entry of _____ the competitor) into the 2004 Albert Viviani Memorial Competition. I further certify that he/she is a full member in good standing of our Club, is an eligible skater as defined in the official rules of the USFSA, and has passed the appropriate test to skate the events entered.

Club Officer: _____

Signature: _____

Title: _____ **Telephone #** _____

Club: _____

CERTIFICATION BY ATHLETE AND PARENT/GUARDIAN

Athlete: I agree to conduct myself, both on and off the ice, in a manner that will reflect favorably upon this competition and upon the sport of figure skating, and that is consistent with the high standards of the sport. I agree to respect the person and property of others, and in the event I cause injury, damage, or loss to another or to the property of another, I hereby indemnify the USFSA, Benjamin Yack Arena, the local Competition Committee, the Wyandotte Figure Skating Club and their officers, directors, members, committees, representatives, employees and agents, and agree to hold them harmless against any and all claims that another person may have or which may arise out of such injury, damage or loss, together with any reasonable costs and attorney's fees that may be incurred as result of any such claims, whether valid or not.

Athlete/Parent/Guardian: I understand that the USFSA, Benjamin Yack Arena, and the Wyandotte Figure Skating Club or organizers of this competition undertake no responsibility for damages or injuries, or loss of property suffered by the skaters or officials. As a condition of and in consideration of the acceptance of the entries or participation therein, all entrants, their parents and guardians and officials shall be deemed to agree to assume all risks of injury to their person and 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, Benjamin Yack Arena, organizers of the competition, the Wyandotte Figure Skating Club and it's officers, and their entries shall be accepted only on such condition. (CR 10.12)

Athlete's Signature

Date

Parent/Guardian's Signature

Date

COACH'S CERTIFICATION

I have read this entry form and certify that it is complete and that the competitor is eligible to enter the specified events.

Coach's Name: _____ **USFSA #** _____

Signature: _____ **Email:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Day Phone # _____ **Evening Phone #** _____ **Fax #** _____

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