

2005 Chicago Open Competition • Entry Deadline: June 6, 2005 • Event Dates 7/29, 7/30, 7/31
Family Entries must be submitted together. Be sure to fill out ALL info below, esp. birthday and highest test passed.

Name _____ USFS # _____ Home Club _____
 Address _____ City _____ State _____ ZIP _____
 Phone # _____ Sex: M F Age as of 6/6/05 _____ DOB ____/____/____

Name of Pair Partner _____

Highest Test(s) Passed: _____ Primary Coach's Name _____

FS _____ Date ____/____/____ Address _____

Pairs _____ Date ____/____/____ City/State/ZIP _____

Skater's may enter 1 level higher than test passed Coach's Phone _____

Please circle the events you wish to enter:

FREESKATING	SHORT PROGRAM	COMPULSORIES	SPINS	PAIRS	ADULT F.S.	ARTISTIC
Limited Beginner		Limited Beginner	Pre-Preliminary	Beginner	Bronze	Beginner I
Beginner 1	Intermediate	Beginner	Preliminary	Preliminary	Silver	Beginner II
Beginner II	Novice	Pre-Preliminary	Pre-Juvenile	Juvenile	Gold	Pre-Preliminary
Pre-Preliminary I	Junior	Preliminary	Open Pre-Juvenile	Intermediate	Masters	Preliminary
Pre-Preliminary II	Senior	Pre-Juvenile	Juvenile	Novice		Pre-Juvenile
Preliminary		Open Pre-Juvenile	Open Juvenile	Junior		Juvenile
Pre-Juvenile / Open Pre-Juvenile		Juvenile	Intermediate	Senior		Intermediate
Juvenile / Open Juvenile		Open Juvenile	Novice			Novice
Intermediate		Adult Bronze	Junior			Junior
Novice		Adult Silver	Senior			Senior
Junior		Adult Gold	Adult Bronze			Adult Bronze
Senior			Adult Silver			Adult Silver
			Adult Gold			Adult Gold

Entry Fees

Circle Your First Event Fee Below:

Individual Entry, 1st Event \$75 Individual First Event \$75 or Family First Event \$110 (2 or 3 skaters)
 Family Entry (2 or 3 skaters), 1st Event \$110 # of additional Events ____ x \$25 = \$_____
 Each Additional Event (per skater) \$25 **Total Fees Enclosed \$**_____ Check # _____

Make Checks Payable to "Chicago Open". Mail entry form, payment and a self-addressed, stamped #10 envelope (if you wish to receive your own copy of the schedule) to:

Glenview Ice Center 1851 Landwehr Rd. Glenview, IL 60026-1241

Entries must be postmarked no later than June 6th, 2005. **NO METERED MAIL!** No refunds will be issued after June 6 unless due to death in family or event cancellation. A service fee of \$20 will be charged for returned checks or changes made after 6/6.

"I certify that that this skater is a member in good standing in our club and is eligible to enter the above events."

Home Club Officer _____ Title _____ Date _____

"I am an amateur, eligible under the rules of USFS to enter the above events. I agree to hold harmless USFS, the Chicago Figure Skating Club, the Glenview Ice Center and the Glenview Park District from any and all loss, damages and/or injury that may be sustained while participating in any activities of this competition." Competitor _____

Parent _____ Coach/Professional _____ Date _____

"I have reviewed this entry form and certify that the above skater is entering a division/level appropriate for his/her skating ability and is qualified." Coach / Professional _____ Date _____

Office Use: Amt. Rec'd _____ Receipt # _____ Notes: _____