

Dear Members of the Synchro Community:

We are looking forward to you joining us for the 6th annual ***Skate for the Cure*** Competition on **December 17, 2005!** Once again our efforts will benefit the Barbara Ann Karmanos Cancer Institute. The Karmanos Cancer Institute is designated by the National Cancer Institute as among the very best cancer centers in the United States. Based in midtown Detroit, the Barbara Ann Karmanos Cancer Institute is committed to a future free of cancer.

Many of us have been, or will be, personally affected by cancer. "Cancer is the second leading cause of death in the United States. Half of all men and one-third of all women in the US will develop cancer during their lifetimes. Today, millions of people are living with cancer or have had cancer."-(American Cancer Society).

Won't you join us in our goal of defeating cancer? As you look through the announcement you will notice that we have several ways to help or be involved even if you are unable to attend. Check out the "Synchro Quilt Raffle", "Honor Wall", and "Lights of Hope" Skate! We hope that you would consider representing your club/team in one of these ways if you can't make the trip.

For those of you who can come, we can't wait to see you and your new competitive programs! Good Luck to All, and we will see you on December 17th!

Sincerely,

Skate for the Cure Planning Committee
Beki Franchock
Debbie Lyddon
Elise Metric

“SKATE FOR THE CURE 2005”



DECEMBER 17, 2005

HOSTED BY THE GEMS ON ICE SYNCHRONIZED SKATING TEAMS

Held at Compuware Sports Arena

Sanctioned by U.S. Figure Skating

CHIEF REFEREE:

LORE MURPHY

CHIEF ACCOUNTANT:

MAUREEN DALTON

FOR ADDITIONAL INFORMATION CONTACT:

Elise Metric

(734)692-6093

metricruler@yahoo.com

OR

Debbie Lyddon

(734)459-2851

skatermom1127@comcast.net

**A PORTION OF ALL PROCEEDS WILL BE
DONATED TO THE BARBARA ANN
KARMANOS CANCER INSTITUTE**

“SKATE FOR THE CURE 2005”

Saturday - December 17, 2005

Compuware Sports Arena
Plymouth, Michigan

The Gems on Ice Synchronized Skating Teams, at Compuware Sports Arena, located at 14900 Beck Road – Plymouth, Michigan, 48170, on December 17, 2005, will host the Fifth Annual “Skate For The Cure” Synchronized Team Championships. This competition has been sanctioned by US Figure Skating and Skate Canada and will be conducted in accordance with the rules set forth in the 2006 edition of the US Figure Skating rulebook.

APPLICATIONS: All applications must be postmarked no later than November 7, 2005. Each team must submit a typed list of all (including alternates) team members' name, birth date, and US Figure Skating or Skate Canada identification number.

Registration may be limited. Late entries accepted at the discretion of the host club. All applicants must fill out an Official Application and send it with a check or money order payable (**in US Funds Only**) to the **PLYMOUTH FIGURE SKATING CLUB SYNCHRO (PFSC-SYNCHRO)**. The Senior/Junior free skates and the Senior/Junior short programs are separate events. The enclosed forms (application, practice ice and team rosters) – must be filled out completely and sent together with the correct fee. **DO NOT SEND FORMS INDIVIDUALLY.** (You may combine all fees if you so desire in one check). **DO NOT SEND FORMS CERTIFIED OR REGISTERED MAIL.** If you would like confirmation that we have received your forms, please enclose a self-addressed stamped postcard or envelope.

Mail completed applications to: Beki Franchock
1295 Esther Lane
Milford, MI 48380

Each team is to submit with its application a separate **TYPED** listing of its members in **ALPHABETICAL** order. Please make sure you include their individual US Figure Skating number and the team US Figure Skating number. If you are sending a roster with missing US Figure Skating numbers, please bring an updated complete roster to turn in at the time of registration. We are looking forward to seeing you on December 17, 2005. If you have any questions, please contact Elise Metric or Debbie Lyddon.

FEES: The entry fee is \$75.00 per team plus \$18.00 per competitor, including alternates. All fees are due when applications are submitted and must be payable in U.S. Dollars only. There will be a \$25.00 service fee assessed for returned/NSF checks. Please make checks payable to:

Plymouth Figure Skating Club Synchro (PFSC-Synchro)

REGISTRATION: The registration desk will be maintained in the Skate Rental Area which is located on the lower level. The coach/team manager for each team must register and pick up their team packet. At this time, you **must** also turn 3 music tapes/CDs (1 warm-up tape/CD and 2 competition tapes/CDs marked primary and secondary). **Please bring an additional tape/CD for practice sessions.** Tapes/CDs **must** be turned in to receive your team registration packet. It is recommended that if your teams are using CDs a back-up tape should be available.

AWARDS: There will be a preliminary round for each division in which there are twelve or more entries and the four highest ranked teams will skate in the Championship round. Scores from the preliminary round will not affect final placement. **There will be no silver rounds.**

Medals will be awarded on the basis of final round scores for all teams finishing first, second, third and fourth. There will also be a trophy for the team finishing first in each division. The Barbara Ann Karmanos Memorial Trophy will be awarded to the Senior Champions.

GENERAL INFORMATION: An individual skater may skate on more than one, but no more than two, synchronized skating teams as long as the respective teams are at different divisions. Notwithstanding the above, members of a Preliminary team may not skate on a Juvenile team and vice versa and members of an Intermediate team may not skate on a Novice, Junior or Senior team and vice versa. Members of a collegiate team may also skate on a Junior or senior team. All the stipulations of CR47.06 and 47.07 must be adhered to. Skaters competing in non-qualifying levels may not skate on regular competitive teams and vice versa. There may be no crossover skaters between any levels of Developmental Team Skating.

Please have a designated skater give a signal to start the music. Movement must commence within 10 seconds after the start of the music. Separate marks will be assigned for composition and presentation as defined in the US Figure Skating rulebook for synchronized skating teams. There will be a one-minute warm-up on the official surface.

PRACTICE ICE: The Compuware Sports Arena is a dual surface facility. The NHL surface measures 200' x 85' and the Olympic surface measures 200' x 100'. Practice ice segments will be available on both surfaces as follows:

	<u>OLYMPIC RINK</u>	<u>NHL RINK</u>
Friday	3:00 p.m. – 11pm	
Saturday	6:00 a.m. - 7:30 a.m.	6:00 a.m. - 7:30 a.m.

Ice time will be sold in 15-minute segments on a **first come, first served** basis for \$75.00 per segment. Teams will be given a practice segment on the competition rink whenever possible. However, once the competition surface's practice segments are full, teams will be given practice segments on the warm-up rink. Any team requesting multiple practice segments will receive a second practice segment only if practice segments remain following the close of entries on November 7, 2005. All teams will be able to skate their entire program on the warm-up rink prior to competing on Saturday, December 17, 2005. Local teams will be assigned early practice times to accommodate those teams arriving from out of state. **No refunds on cancelled sessions.**

VIDEOTAPING: Ledin will videotape this competition.

ADMISSION: Adults: \$5.00*
Children (10 years and under) and Senior Citizens (60 and Up) \$3.00*
Children under 5 years of age FREE

ACCOMMODATIONS: The following hotels have been contacted in our area and have guaranteed special rates for the competition. Please make sure you notify the hotel that you are with the Plymouth Synchronized Team Championships hosted by the Plymouth Figure Skating Club. If you are interested in staying in one of the hotels listed below, we recommend guaranteeing them by November 7, 2005.

Best Western
6 Mile Road – Livonia
(734) 464-0050

Double Tree
Novi, MI
(248) 348-5000

Quality Inn
Plymouth, MI
(734) 455-8100

Motel 6
Farmington Hills, MI
(248) 471-0590

Hampton Inn
(734) 464-0050

Travel Lodge
Northville, MI
(248) 349-7400

Embassy Suites
(734) 462-6000

SOUVENIRS: Competition pins and programs are available by pre-order. **Limited** quantities will be available at the competition, so please pre-order if you are interested in these items. A large vendor exhibition area will be inside the arena.

FOOD: Snack bar facilities are available. Also, Ginopolis on the Ice is a full-service restaurant on the premises, which serves American/Greek cuisine.

EVENTS/DIVISIONS

Beginner (new level for 2005-2006 season): A team of 8-16 skaters. There are no age requirements or restrictions. No skaters may have passed higher than the preliminary or adult bronze test in any discipline. The intent of this level is to provide a place for Basic Skills or Pre-Preliminary skaters to start. (Time 1 ½ -2 minutes).

Preliminary: A team of 8-16 skaters. The majority of the team must be 9 years of age or younger on July 1st. The remainder of the team may be 11 years or younger on July 1st (Time 2 minutes)

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

Open Juvenile: A team of 8-12 skaters. The majority of the team must be 18 years of age or younger on July 1st. (Time 2-1/2 minutes)

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

Intermediate: A Team of 12-20 skaters. Skaters must be 15 years or younger on July 1st. There can be no crossovers to the novice, junior or senior teams. (Time 3-1/2 minutes)

Novice: A team of 12-20 skaters. Skaters must be 14 years of age or younger on July 1st. (Time 3-1/2 minutes)

Open Junior: A team of 12-20 skaters. Skaters must be at least 12 years of age with the majority of skaters 18 years or younger on July 1st. There can be no crossovers to junior or senior teams. (Time 4 minutes)

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

Jr. Short Program (Time 2 minutes 40 seconds)

Jr. Free Skating (Time 4 Minutes)

Senior: A team of 12-20 skaters. Skaters must have reached the age of 14 on July 1st.

Sr. Short Program (Time 2 minutes 40 seconds)

Sr. Free Skating (Time 4-1/2 minutes)

Adult: A team of 12-20 skaters. Skaters must be 21 years of age or older on July 1st and the majority of the team must be 25 years of age or older on July 1st. (Time 3-1/2 minutes)

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

Open Adult: A team of 8-12 skaters. The majority of the team must be 19 years or older on July 1st. (Time 2-1/2 minutes)

Collegiate: A team of 12-20 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 have at least an Associate Membership with US Figure Skating. The team must use the college or university's name as part of their name. (Time 4-1/2 minutes)

Open Collegiate: A team of 8-16 skaters. Skaters must be enrolled in degree program at a college or university full or part time. (Time 2-1/2 minutes)

“SKATE FOR THE CURE 2005”
APPLICATION FORM

Team Name: _____ Team Registration # _____
Club Name: _____ # of Skaters: _____

Head Coach: _____ Phone #: _____
Asst. Coach: _____ Phone #: _____

Contact Person: _____ Phone #: _____
Street Address: _____
City: _____ State: _____ Zip: _____
E-Mail Address: _____

Hotel where team will be staying: _____
Expected arrival time: _____

Division Entered:

_____ Masters
_____ Collegiate
_____ Open Collegiate
_____ Adult
_____ Open Adult
_____ Senior Freeskating
_____ Senior Short
_____ Junior Freeskating
_____ Junior Short
_____ Open Junior
_____ Novice
_____ Intermediate
_____ Juvenile
_____ Open Juvenile
_____ Pre-Juvenile
_____ Preliminary
_____ Beginner

Fee: \$75.00 per team/per event plus \$18.00 per competitor/per event (including alternates).
All fees are payable in U.S. dollars only. A portion of the skater entry fee will be donated to the Barbara Ann Karmanos Cancer Institute.

I have enclosed: \$ _____ for _____ Team event(s) \$75.00 per team/per event
\$ _____ for _____ Competitors \$18.00 per skater/per event

PLEASE NOTE: ALL SKATERS MUST CARRY PROOF OF BIRTHDATE.

“SKATE FOR THE CURE 2005”

CERTIFICATION FORM

Certification of Officer of Sponsoring Organization

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

including alternates, are to the best of my knowledge, amateurs and eligible to compete under US Figure Skating or Skate Canada rules.

Print Name: _____

Signature: _____

Title: _____

Club Name: _____

Mail the completed Application Form, Certification Form, Team Roster Form, Practice Ice Form and Check made payable to PFSC-Synchro to:

Beki Franchock
1295 Esther Lane
Milford, MI 48380

All entries must be postmarked by November 7, 2005.

COMPETITION PROGRAM PHOTOS

If you would like to submit a team photo for the Skate for the Cure Program, please list the team name, and all skaters (either by row or just alphabetically) with the photo. We know it's probably too early to have an official team photo, so feel free to send in something fun and casual. You can send in a hard copy (5x7 is best) or a digital photo on a disk with the rest of your application packet. Looking forward to "seeing" you!

Team Name _____

Club Represented _____

\$10.00 fee per photo enclosed Total \$ _____

Deadline: November 7, 2005

“SKATE FOR THE CURE 2005”

COMPETITION PIN AND PROGRAM PRE-ORDER FORM

If you wish to pre-order and pay for the competition pins and programs you may use this form. We will have your order waiting at the registration desk when you arrive. In this manner, you will avoid any confusion and insure receiving all of the pins and programs that your team might desire. When you pick these up, please make sure to count your pins and programs before leaving the registration area.

_____ COMPETITION PINS X \$6.00 (US FUNDS) = \$ _____

_____ PROGRAMS X \$5.00 (US FUNDS) = \$ _____

Make your check payable to PLYMOUTH FIGURE SKATING CLUB SYNCHRO (PFSC-Synchro) and return by NOVEMBER 7, 2005 to:

Beki Franchock
1295 Esther Lane
Milford, MI 48380

Your Club Name _____

Team Name _____

Team Division _____

Contact Person _____ Telephone Number _____

The supply of pins and programs available at the competition will be limited, so please pre-order.

Please send one order form per team with one check. Individual order forms will not be accepted.

The Plymouth Figure Skating Club's Gems On Ice Synchronized Skating teams invite you to participate with us in supporting the Barbara Ann Karmanos Cancer Institute in the fight against cancer.

For a one dollar donation you may purchase a **White Ribbon** which will be displayed at Compuware Ice Arena. If you wish, you may decorate or personalize your ribbon with the name of a cancer survivor, loved one, prayer or wish. You can color your ribbon or attach a photo. Be as creative as you wish!



For a \$10 donation you may take part in the “**Lights of Hope Skate**”! Each participant in the “Lights of Hope” will receive a lit votive candle that they will place on the boards of the ice arena. As you skate, the name of the person you designate to honor or remember will be read. Just imagine the image, as each of our lights join together to light the darkness, just as we join together to fight cancer. The “Lights of Hope Skate” will take place after the on-ice award ceremony. There will be time for all skaters, coaches, judges, friends and family to participate in this event.

Synchronized Skating Magazine has partnered with Gems on Ice to create a beautiful custom **Quilt** with images of synchronized skating from National and International competitions. Raffle tickets to win this unique quilt are available for:

One ticket for Two dollars
Three tickets for Five dollars
Seven tickets for Ten dollars
You need not be present to win.

Please join us in one or more of these three great ways to help the fight against cancer and give hope!

**All proceeds go to Barbara Ann Karmanos Cancer Institute.
Pre-Order for Barbara Ann Karmanos Cancer Institute donations:**

Ribbons:

_____ Ribbons @ \$1.00 each = \$_____

Lights of Hope Skate:

_____ (Name to be read)	/	_____ (Skater Participant)
_____ (Name to be read)	/	_____ (Skater Participant)
_____ (Name to be read)	/	_____ (Skater Participant)
_____ (Name to be read)	/	_____ (Skater Participant)
_____ (Name to be read)	/	_____ (Skater Participant)
_____ (Name to be read)	/	_____ (Skater Participant)
_____ (Name to be read)	/	_____ (Skater Participant)
_____ (Name to be read)	/	_____ (Skater Participant)
_____ (Name to be read)	/	_____ (Skater Participant)
_____ (Name to be read)	/	_____ (Skater Participant)
_____ (Name to be read)	/	_____ (Skater Participant)

Total Lights of Hope Participants _____ @ \$10.00 = \$_____

Quilt

_____ (Name)	/	_____ (Phone number)	/	_____ (# of tickets)	/	_____ (Amount)
_____ (Name)	/	_____ (Phone number)	/	_____ (# of tickets)	/	_____ (Amount)
_____ (Name)	/	_____ (Phone number)	/	_____ (# of tickets)	/	_____ (Amount)
_____ (Name)	/	_____ (Phone number)	/	_____ (# of tickets)	/	_____ (Amount)
_____ (Name)	/	_____ (Phone number)	/	_____ (# of tickets)	/	_____ (Amount)
_____ (Name)	/	_____ (Phone number)	/	_____ (# of tickets)	/	_____ (Amount)

Total tickets _____ **Total Paid \$** _____

Please feel make additional copies of form as needed!

“SKATE FOR THE CURE 2005”

PRACTICE ICE FORM

The Compuware Sports Arena is a dual surface facility. The NHL surface measures 200' x 85' and the Olympic surface measures 200' x 100'. Practice ice will be sold in 15-minute segments on a **first come, first served** basis for \$75.00 per ice segment. Teams will be given a practice segment on the competition rink whenever possible. However, once the competition surface's practice segments are full, teams will be given practice segments on the warm-up rink. Any team requesting multiple practice segments will receive a second practice segment only if practice segments remain following the close of entries on November 7, 2005. All teams will be able to skate their entire program on the warm-up rink prior to skating their program on the competition rink on Saturday, December 17, 2005.

Please complete a separate Practice Ice Form for each team. You may reproduce this form and any other form as necessary.

Team Name: _____
Division: _____
Contact Person: _____ Phone No: _____
E-Mail Address: _____

If arriving by plane, time of arrival at Detroit Metro: Date _____ Time: _____ a.m. or p.m.
If arriving by car/bus time of arrival at Hotel: Date _____ Time _____ a.m. or p.m.

Please give us the name and telephone number of the Hotel at which you will staying, so that we may reach you if necessary: Hotel _____ Phone Number _____

Please indicate your preferred practice times:

FRIDAY 3:00 – 6:00 p.m. : _____ 6:00 – 9:00: _____ 9:00 – 11:00: _____
SATURDAY 6 a.m. – 7:30 a.m. _____
Please indicate 1st, 2nd and 3rd choice

Does this team have cross skaters? _____ If so, on what other teams _____

I have enclosed: \$_____ for _____ practice segment(s). (\$75.00 / segment)

Please make checks payable to: **PFSC Synchron** and mail it along with your completed Application Form, Team Roster Form, Certification Form and Practice Ice Form to:

Beki Franchock
1295 Esther Lane
Milford, MI 48380

ON-ICE CRITIQUE WITH JUDGES

At the conclusion of this year's Skate For The Cure Synchronized Championships, we are again offering teams the opportunity to have an "on-ice" critique with judges. Teams can benefit from this type of input early in the season.

All sessions will be 25 minutes in length, which will allow teams to skate their program several times. Sessions will be priced at \$125 each. Critiques will be filled on a first come first serve basis.

Please return the following when purchasing this session.

"On-Ice Critique Registration

TEAM _____ DIVISION _____

COACH _____

CLUB _____

CONTACT _____

PHONE _____

Saturday After Competition _____ Early Sunday Morning _____

\$125 Fee Is Enclosed (payable to PFSC Synchro)

DEADLINE IS NOVEMBER 7, 2005

SKATE FOR THE CURE SYNCHRONIZED CHAMPIONSHIPS

Advertisement Form

We invite you to submit an advertisement in this year's Skate For The Cure Synchronized Championships program. Skate For The Cure is an annual synchronized competition hosted by the Plymouth Figure Skating Club Gems on Ice Synchronized Skating Teams. The program book will be available to all participants, coaches, and spectators during the competition which is scheduled for December 17, 2005.

Terms and Conditions

1. All copy, advertising form and full payment (payable to *PFSC Synchro*) must be received by November 7, 2005.
2. All advertisers are asked to submit camera ready artwork. Our printer can adjust the size of your ad copy.
3. The committee reserves the right for positioning of advertisement except where specific preferred positions are requested. Where possible, requests for specific positions will be honored in the order received.
4. Advertiser and advertising agency assume liability for all contents of advertisement printed, and any claims that are a result of that advertisement against the publisher. The committee reserves the right to decline any advertisement which does not meet with their approval or where the requested advertising space is not available before or after the publishing closing date, November 7, 2005.
5. Advertiser should provide instructions for return of artwork by December 15, 2005.
6. A copy of the program will be mailed to each advertiser only upon request (Good Luck Ads excluded).

Thank you very much for your support of Skate For The Cure. If you have any questions, please feel free to call us.

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Please check the size of the advertisement you desire.

- | | |
|----------------|---|
| _____ \$175.00 | Front Inside Cover |
| _____ \$175.00 | Back Inside Cover |
| _____ \$150.00 | Left Center Page |
| _____ \$150.00 | Right Center Page |
| _____ \$125.00 | Full Page |
| _____ \$ 85.00 | Half Page |
| _____ \$ 50.00 | Quarter Page |
| _____ \$ 25.00 | Eighth Page (Business Card) |
| _____ \$ 10.00 | Patron Acknowledgement |
| _____ \$ 5.00 | "Good Luck" Ad (for Parents, Grandparents, Friends) |

■ two lines, 50 characters per line

Good Luck message:

Mail Advertisement, Advertisement Form and Payment (payable to *PFSC Synchro*) to:

Beki Franchock
1295 Esther Lane
Milford, MI 48380