



2005 ANNUAL PARTNER CLINIC

Presented by:
THE KALAMAZOO FIGURE SKATING CLUB
July 9, 2005

The 2005 Partner Clinic will be held at Twin Star Ice Arena located at 5076 Sports Drive, Kalamazoo, MI 49009 on July 9, 2005. The rink that will be utilized has a 200 x 85 foot surface. This facility offers ample parking, numerous dressing rooms, and both a concession stand and a full restaurant overlooking the rink.

The partner clinic is designed to promote ice dancing and excite skaters by offering quality level instruction. The clinic is broken down into two segments: clinics and training. The clinics include off-ice instruction. This time will be spent teaching the tracking and partnering of the selected clinic dance. The on-ice clinic provides further instruction and demonstrations with the dance partners. The training segment provides skaters an opportunity to skate the dances in their level with the partners.

PARTNERS/SPEAKERS: Charles Butler, Olympic Competitor; Patrick Connolly Jr., 6 time National Competitor; Jennifer Heurlin-Brenne, 6 time National Competitor, 4 time World Junior Team member; Elizabeth Hill, 2 time National Competitor with triple gold qualifications; Kevin Spada, 6 time National Competitor. Partners are subject to change.

PARTNERING: Two additional sessions will be available for private instruction with the partners. Lessons will be on a first come first serve basis. Ice cost is \$15.00 pre-registered, and \$18.00 walk-on.

ELIGIBILITY: This clinic is open to all amateurs or reinstated amateurs who are U.S. Figure Skating members and in good standing.

RULES: NO freestyle or moves will be allowed. Appropriate skating attire must be worn at all times. Coaches are welcome to attend with their students; however, only coaches paying the appropriate fees may skate with the partners. In the event of low enrollment, the clinic may be revised or cancelled.

ENTRIES & FEES: All entries must be postmarked by June 28th, 2005. Late entries may be accepted at the discretion of the directors accompanied by a \$25.00 late fee. Entry fees are per person, per event in US dollars. A \$25.00 service fee will be assessed for all returned/NSF checks. We encourage skaters to participate in more than one level. There will be a \$15.00 discount for skaters participating in two complete levels (clinic AND training). Walk-ons are welcome.

\$85.00 Gold	\$65.00 Bronze
\$75.00 Pre-Gold	\$65.00 Pre-bronze
\$75.00 Silver	\$65.00 Preliminary
\$65.00 Pre-silver	

CONTACTS: Jessica LaPorte (269) 353-9668 or Amy Bauer (269) 598-9184.

SCHEDULE OF EVENTS

9:00-10:00am	PRIVATE LESSONS		
10:00-10:20am	Pre-Silver Off Ice Clinic(20 min)		
10:30-11:00am	Pre-Silver On Ice Clinic	Preliminary Off Ice Clinic(20 min)	
11:00-11:30am		Preliminary On Ice Clinic	Silver Off Ice Clinic (20 min)
11:30-12:00pm			Silver On Ice Clinic
12:00-1:00pm	Silver & Pre-silver Training		
1:00-1:30pm	Preliminary Training		
1:30-1:45pm		BREAK/RESURFACE	
1:45-2:30pm	PRIVATE LESSONS		
2:00-2:30pm	Pre-Gold Off Ice Clinic(20 min)		
2:30-3:00pm	Pre-Gold On Ice Clinic	Bronze & Pre-Bronze Off Ice Clinic(20 min)	
3:00-3:30pm		Bronze & Pre-Bronze On Ice Clinic	Gold Off Ice Clinic
3:30-4:00pm			Gold On Ice Clinic
4:00-4:45pm	Gold & Pre-Gold Training		
4:45-5:30pm	Bronze & Pre-Bronze Training		

PARTNER PRICES

(FOR PRIVATE LESSONS)

Private lessons are optional. Please contact Jessica LaPorte (269) 353-9668 to schedule your extra partnering time. Payment is due before services are received on the day of the clinic.

<u>PARTNER</u>	<u>HOURLY FEE</u>	<u>SESSION(S) AVAILABLE</u>	
Charles Butler	\$70.00	9:00 AM	1:45 PM
Patrick Connolly	\$60.00	9:00 AM	1:45 PM
Joshua Smith	\$40.00	9:00 AM	1:45 PM
Kevin Spada	\$60.00	9:00 AM	1:45 PM

Registration Form

Name of skater: _____ Age _____ Birthdate _____

Female _____ Male _____ USFS# _____ Home Club _____

Address _____ City _____ State _____ Zip _____

Name of Parent/Guardian _____ Phone _____

List the highest dance level completed _____

Gold	<i>Westminster</i>	# of skaters X Cost
3:00-4:00 PM	Off and On Ice Clinics	_____ X \$25.00 = _____
4:00-4:45 PM	Training	_____ X \$70.00 = _____
ALL		_____ X \$85.00 = _____

Pre-Gold	<i>Paso</i>	# of skaters X Cost
2:00-3:00 PM	Off and On Ice Clinics	_____ X \$25.00 = _____
4:00-4:45 PM	Training	_____ X \$60.00 = _____
ALL		_____ X \$75.00 = _____

Silver	<i>American</i>	# of skaters X Cost
11:00-12:00 PM	Off and On Ice Clinics	_____ X \$25.00 = _____
12:00-1:00 PM	Training	_____ X \$60.00 = _____
ALL		_____ X \$75.00 = _____

Pre-Silver	<i>Foxtrot</i>	# of skaters X Cost
10:00-11:00 AM	Off and On Ice Clinics	_____ X \$25.00 = _____
12:00-1:00 PM	Training	_____ X \$50.00 = _____
ALL		_____ X \$65.00 = _____

Bronze	<i>Hickory</i>	# of skaters X Cost
2:30-3:30 AM	Off and On Ice Clinics	_____ X \$25.00 = _____
4:45-5:30 PM	Training	_____ X \$50.00 = _____
ALL		_____ X \$65.00 = _____

Pre-Bronze	<i>Fiesta</i>	# of skaters X Cost
2:30-3:30 AM	Off and On Ice Clinics	_____ X \$25.00 = _____
4:45-5:30 PM	Training	_____ X \$50.00 = _____
ALL		_____ X \$65.00 = _____

Preliminary	<i>Dutch</i>	# of skaters X Cost
10:30-11:30 PM	Off and On Ice Clinics	_____ X \$25.00 = _____
1:00-1:30 PM	Training	_____ X \$50.00 = _____
ALL		_____ X \$65.00 = _____

TOTAL	= _____
Discount (\$15.00)	- _____
AMOUNT DUE	_____

Emergency Information/ Waiver of Liability/ Photograph Waiver

In consideration for being allowed to participate in the Partner Clinic the undersigned hereby releases and forever discharges the Kalamazoo Figure Skating Club and Twin Star Ice Arena of and from any and all responsibilities or claims of any nature whatsoever for any injury sustained by the below named skater while participation in or in transit to or from any function or activity sponsored by Kalamazoo Figure Skating Club. The Undersigned hereby grants permission to Kalamazoo Figure Skating Club to obtain any necessary emergency services at the expense of the Undersigned, should injuries be incurred by the below named skater. The Undersigned also grants permission for photographs and pictures of the below named skater or Undersigned to be taken and released for publication.

Skaters Name _____ Preferred Hospital _____
USFS # _____ Phone # _____
Physician _____ Telephone _____
Dentist _____ Telephone _____

PLEASE LIST ANY ALLERGIES:

I acknowledge that I have read this release, waiver of liability, and express assumption of risk agreement and fully understand it.

Signature of Parent / Guardian (or skater if over 18):

_____ Date _____

Registration for Extra Ice

NAME: _____

	SESSION	PRE-REGISTERED RATE
_____	9:00 – 10:00 AM	\$ 15.00
_____	1:45 – 2:30 PM	\$ 15.00

ENTRIES MUST BE POSTMARKED BY: June 28th, 2005

**MAIL FORM & FEES TO: KALAMAZOO FIGURE SKATING CLUB
C/O Jessica LaPorte
2424 South 8th Street
Kalamazoo, MI 49009**