

2005 - 2006 U.S. Figure Skating Collegiate Conference Individual Event Entry Form

Please reproduce this form as needed for each competition.

Competition entering:				Date of event:	
Skater's name:			Circle on:		
Skater's college or university				School's Intercollegiate #*	
Skater's address:		City		State / ZIP	
Skater's e-mail address:			Skater's phone #		
Highest U.S. Figure Skating tests passed:		Free skate:		Dance:	
Skater's signature:					
(This certifies that your U.S. Figure	Skating # and test	t level pass	sed are correct.)		
PLEASE CHECK EVENT(S) Y Compulsory Moves and <u>2</u> So			o to 1 Free Skate, 1	Short Program or Individua	
Free Skate Pre-Intermediate A Pre-Intermediate B Pre-Intermediate C Intermediate Novice Junior Senior		; ; ;	ndividual Compulso Pre-Intermediate A Pre-Intermediate B Pre-Intermediate C Short Program Intermediate Short Novice Short Junior Short Senior Short	ory Moves (IF HELD)	
Solo Dance Pre-Intermediate A Pre-Intermediate B Intermediate Novice Junior Senior Gold			SCHOL SHOLL		
) \$15.00 each event. Ilective check. Plea	ase pay your school for these	
First Event \$50.00, Second Eve	ent \$, Third	d Event \$	Total Amount	Enclosed \$	
Please transfer this information	to the transmitta	al page a	nd pay with one colle	ective check to the competition	

Please transfer this information to the transmittal page and pay with one collective check to the competition listed above. Mail entries to submission address found on U.S. Figure Skating Online. Applications will be accepted in order of receipt and must be postmarked by the entry deadline noted on U.S. Figure Skating Online. Applicant must complete release and be listed on certification page.



2005 - 2006 U.S. Figure Skating Collegiate Conference Team Maneuver Event Entry Form

Please reproduce this form as needed for each competition.

Competition entering:					Date of ever	nt:
Team's college or university			School's Intercollegiate #*			
Team contact person:						
E-mail address:			phone #			
Please Check Level I	Entered					
High Intermediate Low						
Team Member	Signature	U.S. Fig	gure Skating #	High Skate pass	est Free e test ed	M/F
1.						
2.						
3.						
4.						
5.						
6.						

Entry Fee: \$50.00 per team.

Payment should be made by one collective check per college.

Please transfer this information to the transmittal page and pay with one collective check to the competition listed above. Mail entries to submission address found on U.S. Figure Skating Online. Applications will be accepted in order of receipt and must be postmarked by the entry deadline noted on U.S. Figure Skating Online. Applicant must complete release and be listed on certification page.

Please be sure to have a completed release form for ALL skaters, including but not limited to ones just doing the team maneuvers events.



2005 - 2006 U.S. Figure Skating Collegiate Conference Synchronized Team Skating Roster and Entry Form

Diagon remarkant this ferms	•	•	Ster and Littly I offi	••
Please reproduce this form Competition entering:	as needed for each compe	tition.	Date of event:	
Team's college or university	у		School's Intercollegiate #*	
Team contact person:				
E-mail address:		phone #		
Level: (please circle one):	Collegiate Coll	egiate Introductory		
Please list skaters alphab	etically by Last name. Lis	t alternates last and in	dicate with ALT.	
Last name	First name		U.S. Figure Skatin	g
1.			II .	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20. Alt.				
Alt.				
Alt.				
Alt.				
The following skaters	s attend another instit	ution		
Name		re Skating #	College / University	
1.	0.5. i igui	Te Skalling #	College / Offiversity	
2.				
3.				
4.				
Each skater must complete	release and be listed on th	e certification page	1	_
,		, 3		

Entry fee: \$50.00 per team, plus \$5.00 per skater. Number of skaters: _____ x \$ 5 = \$_____

(Form Data June 12 2005)

Total fee: \$ 50.00 + ____ = ___



2005 - 2006 U.S. Figure Skating Collegiate Conference Release and Health Insurance Form

Please reproduce this form as needed for each competition. Must be completed by each skater.

Name of college / university:

I, the undersignolicy:	gned, have	sufficient perso	onal hea	alth insurance coverage in case of injury under the followi	ng
Type of Policy	,			Policy Number	_
Insurance Car	rrier				
I, the undersig	gned, in con	sideration of th	e opport	unity to participate in(event name)	_,
to be held on				sponsored by (host club)	
	(even	t date)		(host club)	
employees, at the obligation participation b	gents and cost, damages	others for whoses, penalties, as signed in the C	e condu ctions, c	rever discharge U.S. Figure Skating and its trustees, office ct the Association is or may be held legally responsible a demands, judgments and claims arising in any way out a Figure Skating Conference Event at	nd
Executed an 20	nd sealed	instrument o	on the	day of	,
Print Name				-	
Signature				-	
Address	City	Sta	ate	Zip	



2005 - 2006 U.S. Figure Skating Collegiate Conference School Official's Certification Page

Date of event:

Please reproduce this form as needed for each competition, or if additional pages are needed. Each skater entered must be listed on this form.

College or university	School's Intercollegiate #*
Team contact person:	L L
e-mail address:	phone #
Name of skater	College ID number
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	
Registrar's Office Certification	
The names listed above on this page are enrolled	ed, full time, working toward a degree at this institution.
Decistrado Cimentora	Dete
Registrar's Signature	Date

Competition entering:



2005 - 2006 U.S. Figure Skating Collegiate Conference Collaborating/Cooperating Schools Official's Certification Page

Please reproduce this form as needed for each competition, or if additional pages are needed. All skaters attending schools other than the represented school must be listed on this form.

Competition entering:		Date of event:
College or university to be represented	d	School's Intercol- legiate #*
Team contact person:		
E-mail address:	phone #	
Name of Skater	College Identification #	
1.	Conege Identification #	
2.		
4.		
Registrar's Office Certific The name(s) listed above on this page Registrar's Signature	e are enrolled, full time, working toward a degree Name of Institution	at this institution. Date
regional o Oignataro	Name of modulation	Dato
	body of represented school ge attend	and are granted
permission to represent	at the above event.	
Signature Title	Organization/Department Date	

(Form Date June 13, 2005)



2005 - 2006 U.S. Figure Skating Collegiate Conference Event Transmittal Form

Please complete this form and submit along with all application/s, release and certification page(s) to the host club at the address listed below. Payment should be made collectively with one check.

Competition:	Event date:
College/ University represented:	
Contact person:	E-mail address:
U.S. Figure Skating Intercollegiate Team #:	
Total number of individual first events	x \$50.00 =
Total number of individual subsequent events	x \$15.00 =
Number of maneuver teams	x \$50.00 =
TOTAL of individual & maneuver team events	(May not be greater than 35)
Number of synchronized team events	x \$50.00 =
Number of synchronized skaters	x \$5.00 =
Total Entry Fees	=
Practice Ice Request / Fee	
Please reference event schedule page for information	on, details and availability.
Total All Fees	=

<u>Important:</u> For the 2006 season, all colleges participating in intercollegiate competitions must fill out an Intercollegiate Team Registration Form and submit it to U.S. Figure Skating Headquarters. Each team will then receive a membership card in the mail, with your team's **Intercollegiate Team #.** This is the number that goes in the box above and on all of your other forms. If you have sent in your form, but haven't received your membership card yet, please write "pending" for Intercollegiate Team #.

If you haven't registered your team yet, you can download the form from U.S. Figure Skating Online, or one is provided at the end of this announcement/ application package.



2005 - 2006 Intercollegiate Figure Skating Competition Registration Form

College / University Name:		
Name of primary contact perso	n:	
Title of primary contact person:	=	
Mailing address:		
Phone #:	E-mail:	
Fax #:	Web site:	
College / University official:	Title:	
College / University official sign		· · · · · · · · · · · · · · · · · · ·
Section/ Conference (Please circl	e one):	
East Coast	Midwestern	Pacific Coast

In order for your college to be eligible for the 2005-2006 Intercollegiate Team Figure Skating Competitions, please return this form no later than October 1, 2005 to:

U.S. Figure Skating Kathy Drevs, Director of Member Services 20 First Street Colorado Springs, CO 80906

(Form Date June 13, 2005)