

11th Annual Berkley Royal Skate-Fest

December 5, 2009

Hosted by the Berkley Royal Blades Figure Skating Club

US Figure Skating Sanction # 32488

Competitor's Information:

Name	Age	Birthday	Sex (F/M)
Address	City	State	Zip
Phone ()	Required Email Address:		
Home Club	USFSA #		
Last Test Passed as of October 31, 2009:	Freestyle	Moves	

Coach's Information: As a coach, I certify I am registered with USFS Please Initial _____

Name	Phone ()
Address	City State Zip
Coach's Signature	Coach Email:

\$80 First Event			
\$30 Each Additional Event			
FREESTYLE		COMPULSORY	
Lmt Beginner		Basic Beginner	
Beginner		Low Beginner	
Pre-Prel Ltm		High Beginner	
Pre-Prel TT		Pre-Prel Ltm	
Pre-Preliminary		Preliminary	
Preliminary Lmt		Pre-Juvenile	
Preliminary TT		Juvenile SP	
Preliminary		Open Juvenile SP	
Pre-Juvenile		Intermediate SP	
Pre-Juvenile TT			
Open Juvenile			
Juvenile TT			
Juvenile			
Intermediate			
Intermediate TT			
Novice TT			
Junior TT			
Senior TT			
SPINS			
Beginner		Pre-Juvenile	
Pre-Preliminary		Juvenile	
Preliminary		Intermediate	

\$80 First Event	
\$30 Each Additional Event	
ARTISTIC SHOWCASE - SINGLES	
Group 1 - Beginner	
Group 2 - Pre-Preliminary/Preliminary	
Group 3 - Pre-Juvenile/Juvenile	
Group 4 - Intermediate & Above	
ARTISTIC SHOWCASE - DUETS	
Group 1 - Beginner	
Group 2 - Pre-Preliminary/Preliminary	
Group 3 - Pre-Juvenile/Juvenile	
Group 4 - Intermediate & Above	
Name of duet partner:	

EXHIBITIONS (avail in all disciplines)
(if scheduling time permits)

Event Requested:	
If Pair Event Name of Partner:	

(each skater must submit an application)

Event Requested:	
If Pair Event Name of Partner:	

(each skater must submit an application)

CERTIFICATION AND RELEASE

The following Certification and Release must be completed before competitor may enter.

CERTIFICATION OF COMPETITOR

I am an amateur under the rules of the USFSA or CFSA to enter the event(s) checked.

Signature _____

CLUB OFFICER

I hereby approve the entry of _____ (the competitor) into the 11th Annual Berkley Royal Skate Fest. I further certify that he/she is a member in good standing of our Club, is an eligible skater as defined in the official Rules of USFSA, and has passed the appropriate tests to skate the events entered. If you are an individual member, you will certify your own form.

Club Officer _____ Telephone Number: (____) _____

Title _____ Club _____

WAIVER OF CLAIM

Competitors waive all claims for injury during the competition and practice ice sessions at Berkley Ice Arena. If the competitor is under 18 years of age, the parent or guardian must sign this release.

(skater or parent/guardian where necessary)

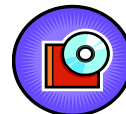
- o ALL ENTRIES MUST BE POSTMARKED BY November 10, 2009. SPACE MAY BE LIMITED.
- o APPLICATIONS WILL BE PROCESSED ON A FIRST-COME, FIRST-SERVED BASIS.
 - o ENTRY FEES ARE PER PERSON, PER EVENT IN U.S. DOLLARS ONLY
- o NO REFUNDS AFTER CLOSING DATE UNLESS EVENT IS CANCELED FOR LACK OF PARTICIPATION.
 - o THERE WILL BE A \$30 SERVICE CHARGE ASSESSED FOR RETURNED CHECKS.
- o ENCLOSE STAMPED SELF ADDRESSED ENVELOPE IF EMAIL ADDRESS IS NOT SUPPLIED.
 - o A \$10 FEE WILL BE ASSESSED FOR WRONG OR MISSING INFORMATION

FEES:\$80 FIRST EVENT; \$30 EACH ADDITIONAL EVENT.

MAKE CHECKS PAYABLE TO: BERKLEY ROYAL BLADES FSC (BRBFSC)

MAIL TO:

Berkley Royal Skate-Fest
c/o Christine Trimpe
2015 Beverly Blvd
Berkley, Michigan 48072



Every skater will receive a DVD of each event as their gift.

CLOSING DATE: NOVEMBER 10, 2009

Date Received _____ Amount Received _____ Check Number _____

No. Events Entered _____ Complete Yes No _____