Entry Form

28th Annual Shores Autumn Classic Competition - September 17th - 19th, 2010

Form must be completely filled in before it can be processed

Read carefully, talk to your coach, and fill in legibly. If you enter the wrong event and need to change it for any reason other than our error, you will be assessed a \$35 change fee.

First Name:		Last Name	Last Name:			USFS#:		
Address:		City:			State:	Zip Code		
Date of Birth:	Age:	Sex: Female □Mal			Partner's N	Partner's Name (Pairs only)		
Day Phone:	Night Phone:		Cell Phone	ll Phone: Email				
Home Club:	•		Coach's N	ame:	-	Coach's Ph	none #:	
Highest Test Passed:	Check if <u></u>	<i>IO</i> US Figur	e Skating te	ests passed				
Free Skating: Pair								
Date Passed (mo/yr):		Date Pass	ed (mo/yr):					
Please check off events entered	d. One entry for	m may be used fo	or all events enter	red. Each memb	per of a pair team	must fill out a se	eparate entry form.	
Singles and Pairs		** F	nal Round f	or Pre-Juve	enile through	Senior Fre	e Skating**	
Senior [] Spins	Intermediate [] Spins		Pre Juvenile [] Compulsory		Pre Preliminary [] Compulsory		Low Beginner [] Compulsory	
[] Short Program *	[] Short Program *		[] Spins		[] Spins		[] Free Skating	
[] Free Skating *	[] Free Skating *		[] Free Skating		[] Free Skating			
[] Pairs Short*	[] Pairs*		[] Pairs				Basic Beginner	
[] Pairs Free Skating*	[] Test Track FS						[] Compulsory	
Junior [] Spins	Juvenile [] Spins		Preliminary [] Compulsory		Pre Prelim			
[] Short Program *			[] Spins			·		
[] Free Skating *			[] Free Skating					
[] Pairs Short*	[] Pairs*							
[] Pairs Free Skating*	[] Test Track FS							
Novice [] Spins [] Short Program * [] Free Skating * [] Pairs Short* [] Pairs Free Skating*	Open Juvenile [] Short Program [] Free Skating		Preliminary Ltd [] Free Skating		High Begin [] Compulso [] Free Skati	ry	* Needs PPCS submitted online	
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Check List					AS FOLLOW			
[] Entry Form, including U		\$95 First Juvenile – Senior event \$50 Each additional singles event						
[] Check, Payable To: SC		\$85 First Basic Beginner – Pre-Juvenile event						
[] Certification page, signe		\$40 Each additional singles event						
Club Officer; Athlete; Pa		\$100 First pairs event (\$55 per skater)						
[] PPCS, submitted online	Only)	\$75 additional pairs event (\$37.50 per skater)						
					-	-	Third Dance	
							n after qualifying	

DEADLINE FOR POSTMARK IS: August 15, 2010

MAIL TO: St Clair Shores Figure Skating Club, Shores Autumn Classic, 20000 Stephens Drive, St. Clair Shores, MI 48080 Late entries must be Pre- Approved and will include an additional Late Fee of \$35.00

!!!Entry Page for Pro-Am Dance Event. Please attach a completed Main Entry Page!!! Skater Name_____ Dance Test level Club_____ USFSA/CFSA #_____ 4 dances Maximum Preliminary, Pro name & Club ___Canasta Tango **Rhythm Blues** Pre-Bronze, Pro name & Club **Swing Dance** ___Cha Cha Bronze, Pro name & Club _____ Hickory Hoedown Willow Waltz Pre-Silver, Pro name & Club ___FourteenStep Foxtrot Silver, Pro name & Club American Waltz Rocker Foxtrot Pre-Gold, Pro name & Club _____ **___Blues** Killian Gold, Pro name & Club _____ ___Argentine Tango ___Quickstep International, Pro name & Club _____ Samba Rhumba

Entry deadline: August 15, 2010. All Pro-Am entries must be mailed to:

St. Clair Shores Figure Skating Club, 20000 Stephens, St. Clair Shores MI 48009 ATTN: Pro Am Dance Event

All questions to AutumnClassic10@aol.com

CERTIFICATION OF P	ARENT/GUARDIAN OR ADI	ULT COMPETITOR:					
I am/my child is an eligible skater under the rules of the USFS and eligible to enter the events as indicated.							
CONTESTANT SIGNATURE:							
WAIVER OF CLAIMS I	FOR INJURY:						
I understand that the USFS, the St. Clair Shores FSC, and the City of St. Clair Shores or organizers of this competition undertake no responsibility for damages or injuries suffered by the competitors, in addition, the competitor and his/her parent(s) agree to assume all risks of injury and loss of							
property resulting from, caused by or connected with, the conduct of management of this competition, and to waive and release any and all claims which they may have against any officials, the USFS, the St. Clair Shores FSC and its Officers.							
PARENT/GUARDIAN SIGN (Skater must sign if 18 or older							
DATE							
	<u>CERTIF</u>	FICATION OF COACH					
I have read this entry form and certify that it is complete and that the competitor is eligible to enter the specified events:							
Coach's Name:	ach's Name: Association #						
Signature	nature Email						
Day Phone #	Evening Phone #	Cell Phone #					
Address:	City	State Zip					
CERTIFICATION OF CLUB OFFICER							
I certify that the attached named skater is a member in good standing of the USFS Club indicated and that the test level indicated is true and correct.							
Club Officer Name	·	Title					

FOR INFORMATION EMAIL

Date

Signature

AutumnClassic10@aol.com

<u>REFUNDS</u> – will be issued after the closing date ONLY if an event is cancelled for lack of participation. Two entries constitute a competition in any event

NO REFUNDS WILL BE GIVEN FOR ANY OTHER REASON, INCLUDING MEDICAL

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