

**\* BEGINNER SYNCHRONIZED SKATING / ENTRY FORM**

Name of the team:		
Name of the club of program represented:		
Name of contact person:	E-mail address:	Phone #
Mailing address		
Name of instructor:	E-mail address:	Phone #
Level:      ___ Beginner 1	___ Beginner 2	___ Beginner 3

**ENTRY FEE - \$50 per team, \$5 per skater**

Team Fee: \_\_\_\_\_ \$ 50

Number of skaters      \_\_\_ x \$5 each = \$ \_\_\_\_\_

Total Entry Fee: \_\_\_\_\_ \$ \_\_\_\_\_

**TEAM ROSTER** Please list skaters in alphabetical order.

Skater's name	Membership #	Age	Signature of skater / parent if under 18 (agree to waiver of claims for injury)

Notice: this form should be printed, filled out and mailed by the team captain or lead skater, who should also perform the electronic registration for the event. No other skaters should register electronically for this Synchro event.