



2016 SPRING SPLASH BASIC SKILLS COMPETITION ENTRY FORM

Skater's Name _____ Age _____ Gender _____

Address _____ City _____ State _____ Zip _____

Area Code/Phone # _____ Birth Date _____

Email Address _____ U.S. Figure Skating Number _____

Highest Level Passed _____ Program/Club Affiliation _____

Instructor's Name/email/Phone number _____

Please check the event(s) you are entering:

Basic Elements (Compulsories):

- _____ Snowplow Sam
- _____ Basic 1 _____ Basic 5
- _____ Basic 2 _____ Basic 6
- _____ Basic 3 _____ Basic 7
- _____ Basic 4 _____ Basic 8

Basic Free Skate Program:

- _____ Snowplow Sam
- _____ Basic 1 _____ Basic 5
- _____ Basic 2 _____ Basic 6
- _____ Basic 3 _____ Basic 7
- _____ Basic 4 _____ Basic 8

Free Skate Elements(Compulsories):

- _____ Free Skate 1 _____ Beginner
- _____ Free Skate 2 _____ High Beginner
- _____ Free Skate 3 _____ No Test
- _____ Free Skate 4 _____ Pre-Preliminary
- _____ Free Skate 5 _____ Preliminary
- _____ Free Skate 6

Free Skate Program:

- _____ Free Skate 1
- _____ Free Skate 2
- _____ Free Skate 3
- _____ Free Skate 4
- _____ Free Skate 5
- _____ Free Skate 6

Introductory Free Skate Program:

- _____ Beginner
- _____ High Beginner
- _____ No Test

Well Balanced Free Skate Program:

- _____ Pre-Preliminary
- _____ Preliminary

Adult Freeskate:

- _____ Adult 1 _____ Pre Bronze
- _____ Adult 2 _____ Bronze
- _____ Adult 3
- _____ Adult 4
- _____ Adult 5
- _____ Adult 6

Test Track Free Skate:

- _____ Pre-Preliminary
- _____ Preliminary

Showcase:

Please circle: Dramatic Light Entertainment

- _____ Basic 1 - 8
- _____ FS 1 -6/Beginner/High Beginner
- _____ No Test/Pre Preliminary
- _____ Preliminary
- _____ Adult 1 – 6
- _____ Adult Pre Bronze
- _____ Adult Bronze
- _____ Duet – Partner Name _____

Interpretive:

- _____ Basic 1 - 8
- _____ FS 1 -6/Beginner/High Beginner
- _____ No Test/Pre Preliminary
- _____ Preliminary
- _____ Adult 1 – 6
- _____ Adult Pre Bronze
- _____ Adult Bronze

ENTRY FEE IS \$55 FIRST EVENT (Duet \$30 per person) \$25 PER EACH ADDITIONAL EVENT

First Event \$ _____ Additional Event(s) \$25 x _____ = \$ _____

Total: \$ _____

The completed entry form, with fees, must be postmarked no later than March 21, 2016.

Make check or money order payable to **Richmond Ice Zone** and mail to:

Richmond Ice Zone Attn: Gaby Corcoran 636 Johnston Willis Dr N Chesterfield, VA 23236.

For additional information contact: Gaby Corcoran, gaby@richmondicezone.com or 804-378-7564 x204

ENTRY FEES ARE NOT REFUNDABLE AFTER THE ENTRY DEADLINE UNLESS AN EVENT IS CANCELED.

Certification of Competitor: The Competitor is eligible to enter the events checked. It is agreed that the competitor and family holds the Richmond Skating Stars/Richmond Ice Zone harmless from any and all liability either during practice or the competition, and from any and all liability for damages to or loss of property.

Parent/Guardian Signature _____ **Date** _____

Competitor Signature _____ **Date** _____

Instructor/Coach Signature _____ **Date** _____

Program Director/Club Officer _____ **Date** _____