

Summer Sizzle Competition
July 10-12, 2009
Individual Entry Form

Please print

Name _____ Telephone(____)_____

Address _____ Age as of July 10, 2009 _____ Sex _____

City, State, Zip _____ Birth Date _____ Home Rink _____

ISI Membership # _____ Exp. Date _____ ISI Test Level _____ USFSA Test Level _____

Are you an active USFS member that has competed at or above the Novice Level at any USFS National Championship within last 2 years? YES _____ NO _____

I wish to compete in:

Pre-Alpha-Delta Program

- Pre-Alpha
 Alpha
 Beta
 Gamma
 Delta

Solo Ice Dance 1-10

Level _____

Couples Free Dance 1-10

Level _____

Compulsory FS 1 - 10

FS Level _____

Footwork 1 - 10

FS Level _____

Freestyle 1 - 10

FS Level _____

Interpretive FS 1 - 10

FS Level _____

Spotlight Solo Pre-Alpha - FS10

- Character
 Dramatic
 Light Entertainment

FS Level _____

- Low (tots-delta)
 Medium (FS1-3/Open Bronze)
 Intermediate (FS4-5/Open Silver)
 High (FS 6-10/Open Gold)
 Open Platinum

Couples Spotlight

- Low (tots-delta)
 Medium (FS1-3/Open Bronze)
 Intermediate (FS4-5/Open Silver)
 High (FS 6-10/Open Gold)
 Open Platinum

Partner _____

Stroking Pre-Alpha - FS 3

FS Level _____

Rhythmic Level _____

Prop _____

Jump & Spin

- Low Intermediate
 Medium High

Partner: _____

ENTRY FEES

First Event*	\$70.00
Additional Events	\$15.00
Jump & Spin Event (Per Skater)	\$11.00
Couple (per pair, if only event)*	\$40.00
Couple (if additional event)	\$15.00 each
Family Entry *	\$95.00

(Covers all family members' first entry; each)
 additional entry \$15 per person/per event)

TOTAL FEE ENCLOSED _____

*District 10 fee included

Make checks payable to: NSC
and give to your Team Liaison along with this form.

Please enclose a self-addressed, stamped, business size envelope for return of schedule of events.

PARENT & SKATER VERIFICATION (Must be completed fully)

*I skate at this competition at my own risk for the _____ Team.
 I release ISI and host rink and their personnel from all liability.*

Signature of skater _____ Date _____

Signature of Parent or Guardian _____ Date _____

COACH VERIFICATION (Circle Level)

I declare the information of this entry form to be true and correct. I understand that coaches of competing students are required to serve as competition judges.

I have passed ISI Judges Certification Test Level: Gold Silver Bronze Group Update

Signature _____

ISI Associate # _____ Expires _____ Phone _____

New ISI OPEN FS EVENTS

- Bronze/FS 1-3
 Silver/FS 4-5
 Gold/FS 5-6
 Platinum/FS7-10

TEAM LIASON PLEASE SIGN BACK OF SHEET

TEAM LIAISON VERIFICATION (Must be completed fully)

I declare the information on this form to be true and correct.

Printed Name _____ Date _____

Signature _____

ISI Associate # _____ Expires _____ Phone _____

Address _____ City _____ Zip _____

ENTRY

DEADLINE May 20, 2009

**Send completed form and payment:
NSC Summer Sizzle 1700 – 105th Ave NE,
Blaine MN 55449**