



Viking Skating Club

32nd Annual Valentine's Day Competition

Sunday, February 12, 2012

Salem State University • O'Keefe Center • 225 Canal Street • Salem, MA • ISI Endorsement 1-1457-2011

COMPETITOR INFORMATION (Please print and fill out completely)

ALL FORMS MUST BE POSTMARKED BY JANUARY 11, 2012

First Name _____ Last Name _____ Birthday (m/d/y) _____ Age on 2/12/12 _____ Gender (M/F) _____

Street Address _____ City, State Zip _____ Phone _____

Email Address (will not be shared) _____ Home Rink / Team _____ ISI Membership # _____

Are you an active USFS member who has competed at or above the Novice level (individual or synchronized) at any USFS National Championship within the last two years? Yes No

Return entry form and check to Team Coach by _____ (payable to your home team). Team Coach must send **one team check** payable to **Viking Skating Club** with **all** entry forms postmarked by January 11, 2012. Late entries will pay a double fee. We reserve the right to limit the number of entries.

INDIVIDUAL EVENTS

Please indicate highest test level registered with ISI before 01/04/2012:

Tot 1-4 / Pre-Alpha – Delta / Freestyle 1-10

- Solo Program (Pre-Alpha – FS 10)
- Solo Compulsories (All Levels)
- Solo Spotlight
 - Low (Pre-Alpha - Delta)
 - Medium (FS 1-3)
 - Intermediate (FS 4-5)
 - High (FS 6-10)
- Couples Spotlight (Pre-Alpha – FS 10)
 - Low (PA - Delta)
 - Medium (FS 1-3)
 - Intermediate (FS 4-5)
 - High (FS 6-10)
 Partner: _____
- Stroking (Pre-Alpha – Delta)
- Footwork (FS 1-10)
- Interpretive (Pre-Alpha – FS 10)
- Artistic (FS 1-10)
- Jump and Spin (Pre-Alpha – FS 10)
 - Low (PA - Delta)
 - Medium (FS 1-3)
 - Intermediate (FS 4-5)
 - High (FS 6-10)
 Partner: _____
- Open Freestyle
 - Bronze (FS 1-3)
 - Silver (FS 4-5)
 - Gold (FS 5-6)
 - Platinum (FS 7-10)

FEES AND PAYMENT

Single Entry (1st family member; includes 1 event) \$ 45 _____
 or
 Family Entry (2nd + family member; includes 1 event) \$ 35 _____
 Events 2 – 3 _____ events @ \$ 15 _____
 Events 4 + _____ events @ \$ 5 _____
 Precision* \$ 15 _____
 Judging Fee (Paid to your team's judges) \$ _____ _____
Total Entry Fees \$ _____

* Precision only Skaters recorded on Team Form

I skate at this competition at my own risk and hereby release the Viking Skating Club, Salem State University, its owners, personnel and volunteers from all liability. I agree that any photos or video taken of me by ISI or any authorized party may be used by the Viking Skating Club for promotional or other reasonable purposes.

Signature of Skater _____ Date _____

Signature of Parent or Guardian (if applicable) _____ Date _____

CERTIFICATION

I declare that the above information is true, that the levels indicated have been registered with ISI prior to the test deadline, and that this skater is an ISI individual member.

Coach Name (print) _____ Date _____

Coach Signature _____ Professional ISI # _____

Mail all applications and a single check to: Viking Skating Club • c/o Lisa Manley • 15 Heritage Way • Marblehead, MA 01945 • (781) 476-5660 • competition@vikingskatingclub.com