

**BLIZZARD BLAST COMPETITION
SATURDAY JANUARY 7, 2012**

Name _____ Age as of 1/7/12 _____ Sex _____
(Please Print)
 Address _____ Phone _____
 City, State, Zip _____ Email Address _____
 ISI # _____ Exp. Date _____ Home Rink _____

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

<p align="center"><u>Pre Alpha - Delta</u></p> <p><input type="checkbox"/> Program</p> <p><input type="checkbox"/> Stroking</p> <p><input type="checkbox"/> Spotlight</p> <p style="padding-left: 20px;"><input type="checkbox"/> Character</p> <p style="padding-left: 20px;"><input type="checkbox"/> Light Entertainment</p> <p style="padding-left: 20px;"><input type="checkbox"/> Dramatic</p> <p align="right"><input type="checkbox"/> Indicate level</p>	<p align="center"><u>Freestyle 1 - 10</u></p> <p><input type="checkbox"/> Program</p> <p><input type="checkbox"/> Footwork</p> <p><input type="checkbox"/> Solo Compulsories</p> <p><input type="checkbox"/> Stroking (FS 1-3)</p> <p><input type="checkbox"/> Spotlight</p> <p style="padding-left: 20px;"><input type="checkbox"/> Character</p> <p style="padding-left: 20px;"><input type="checkbox"/> Light Entertainment</p> <p style="padding-left: 20px;"><input type="checkbox"/> Dramatic</p> <p><input type="checkbox"/> Rhythmic Skating</p> <p style="padding-left: 20px;"><input type="checkbox"/> Hoop</p> <p style="padding-left: 20px;"><input type="checkbox"/> Ball</p> <p style="padding-left: 20px;"><input type="checkbox"/> Ribbon</p> <p><input type="checkbox"/> Open Freestyle "NEW"</p> <p style="padding-left: 20px;"><input type="checkbox"/> Bronze/ FS 1 - 3</p> <p style="padding-left: 20px;"><input type="checkbox"/> Silver/FS 4 - 5</p> <p style="padding-left: 20px;"><input type="checkbox"/> Gold/FS 5 - 6</p> <p style="padding-left: 20px;"><input type="checkbox"/> Platinum/FS 7- 10</p> <p align="right"><input type="checkbox"/> Freestyle Level</p>	<p align="center"><u>Entry Fees</u></p> <p align="center"><small>(includes ISI Dist. 10 Fee)</small></p> <p>First Event \$ 75.00</p> <p>Each Add. Event \$ 15.00</p> <p>Partner Add. Event \$ 15.00</p> <p>Partner Only Event \$ 35.00 ea.</p> <p>Family Entry \$100.00</p> <p align="center"><small>(Includes 1st event)</small></p> <p># of Individual events _____</p> <p># of Partner events _____</p> <p align="center"><small>(all partner events are on the team entry form)</small></p> <p>Total Fee \$ _____</p>
<p align="center"><u>Special Skater</u></p> <p><input type="checkbox"/> Stroking</p> <p><input type="checkbox"/> Spotlight</p> <p style="padding-left: 20px;"><input type="checkbox"/> Lt. Entertainment</p> <p style="padding-left: 20px;"><input type="checkbox"/> Character</p> <p style="padding-left: 20px;"><input type="checkbox"/> Drama</p> <p><input type="checkbox"/> Program</p> <p align="right"><input type="checkbox"/> Indicate level</p>		

Parent and Skater Verification

I skate at this competition at my own risk. I release ISI, the Plymouth Ice Center, and their personnel, from all liability. _____ Date _____

Skater Signature _____ Parent Signature _____

<p><u>Coaches Verification</u></p> <p>Name _____</p> <p>Address _____</p> <p>City, State, Zip _____</p> <p>Phone (____) _____</p> <p>Email _____</p> <p>ISI # _____ Exp Date _____</p> <p><input type="checkbox"/> Bronze <input type="checkbox"/> Silver <input type="checkbox"/> Gold <input type="checkbox"/> Update</p> <p>Signature _____</p>	<p><u>Team Liaison Information</u></p> <p>Name _____</p> <p>Address _____</p> <p>City, State, Zip _____</p> <p>Phone (____) _____</p> <p>Email _____</p> <p>ISI # _____ Exp. Date _____</p> <p>Signature _____</p> <p>Date _____</p>
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Completed form & payment must be sent by the Team Liaison to:
 Plymouth Ice Center Attn: Char Martin 3650 Plymouth Blvd, Plymouth, MN 55446
Entry Deadline: Postmarked no later than November 30, 2011.

BLIZZARD BLAST COMPETITION

SATURDAY JANUARY 7, 2012

Team Entry Form

Name of Group/Individual _____ Home Rink _____
Coach _____ Phone (____) _____
Address _____ City, State, Zip _____
Signature of Coach _____ Date _____
ISI Professional # _____ Exp. Date _____ Email _____
I have passed ISI Judges Certification Test Level: Gold Silver Bronze Group Update Synchro

Team Events (please fill out separate form for each team if skaters are different)

___ **Synchronized Formation** ___ Compulsory ___ Skating
___ Tot ___ Jr. Youth ___ Youth ___ Sr. Youth ___ Teen ___ Adult

___ **Synchronized Skating** ___ Compulsory ___ Skating
___ Tot ___ Jr. Youth ___ Youth ___ Sr. Youth ___ Teen ___ Adult

___ **Team Compulsory** ___ Freestyle Level ___ **Team Ensemble**

___ **Couples Spotlight** ___ Low ___ Medium ___ Intermediate ___ High
Partner Name _____ ISI # _____ Exp. Date _____

___ **Jump and Spin Team** ___ Low ___ Medium ___ Intermediate ___ High
Partner Name _____ ISI # _____ Exp. Date _____

Synchronized Skating, Team Ensemble, and Team Compulsory Fees

\$12.00 per skater/per event

Total # of skaters _____ x \$12.00 per skater = _____ Total Fees Enclosed: _____

Jump & Spin Team and Couples Spotlight Fees

\$15 additional event fee (if skaters enter in individual events)

\$70 per team (if only event in which skaters enter)

Please add these fees on the individual entry form.

Team Liaison Verification

Name _____ Phone (____) _____
Address _____
City, State, Zip _____
Email _____
ISI # _____ Exp. Date: _____
Signature of Team Liaison _____ Date _____

Synchronized Teams and Team Compulsory groups must fill out the back side of this form.

Entry Deadline: Postmarked no later than November 30, 2011.

Completed forms and payments must be sent by the team liaison to:

Plymouth Ice Center, Attn: Char Martin
3650 Plymouth Blvd, Plymouth, MN 55446