KMFSC Basic Skills Competition Entry Form

Name_____Age_____
Last First

Address_____ City _____

State_____ Zip_____Email_____

Phone #_____Birth date_____

U.S. Figure Skating number _____Highest Level Passed_____

Club Affiliation_____

Please check the event(s) you are entering:

Basic Elements:

_____ 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 _____ Limited Beginner
_____ Free Skate 2 _____ Beginner
_____ Free Skate 3 _____ No Test
_____ _Free Skate 4 _____ Pre-preliminary
_____ Free Skate 5 _____Preliminary
_____ Free Skate 6

Free Skate 1-6 and Test Track Free Skate Program:

_____Free Skate 1 _____Limited Beginner
_____Free Skate 2 _____Beginner
_____Free Skate 3 _____Pre-preliminary test
_____Free Skate 4 _____Preliminary Test
_____Free Skate 5
_____Free Skate 6

Well Balanced Free Skate Program:

_____No Test Free skate
_____Pre-preliminary Free skate
_____Preliminary Free skate

PRACTICE ICE times

8:00-8:20 AM _____
8:20-8:40 AM _____
8:40-9:00 AM _____

ENTRY FEE IS $35.00 PER EVENT, $15.00 PER EACH ADDITIONAL EVENT, $10 LATE FEE

Practice Ice 8:00-8:20am $6.00 _____ **First Event $_____**
Practice Ice 8:20-8:40am $6.00 _____ **Additional Event $_____**
Practice Ice 8:40-9:00am $6.00 _____ **Late Fee $_____**
Total for practice ice, events, and late fee $ _____

Certification of Competitor: The competitor is eligible to enter the event(s) checked. It is agreed that the competitor and family holds the Kettle Moraine Figure Skating Club/Kettle Moraine Ice Center and all members of such 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_____
Instructor Signature_____ _____Date_____
Program Director/Club Officer _____Date_____

The completed entry form, with fees, must be postmarked no later than 11/10/09.
Make check/money order payable to the Kettle Moraine Figure Skating Club (KMFSC) and mail to:

KMFSC, 823 S. Main St., PMB #608
West Bend, WI 53095