

SKATE PARADE Team Entry Form March 3 – March 5, 2017

Name of Group _____ Representing _____

Address _____ City/State/Zip _____

Instructor/Coaches Name (PRINT) _____ Synchro Team ISI Reg #: _____

Is any skater in your Team affected by following declaration? Are you an active USFS member that has competed at or above the Novice Level at any USFS National Championships within the last 2 years? YES _____ NO _____ If Yes please provide details.

INDICATE CATEGORY

- ____ Synchronized Skating Team
- ____ Synchronized Skating Compulsory
- ____ Synchronized Formation Team
- ____ Synchronized Formation Compulsory
- ____ Synchronized Skating Open
- ____ Advanced Formation Synchronized
- ____ Team Compulsory Level FS _____
- ____ Family Spotlight (# in group _____)
- ____ Ensemble Team (# in group _____)
- ____ Production Team (# in group _____)

INDICATE AGE

- ____ Tots Majority 6 years or younger
- ____ Jr. Youth Majority 8 years or younger
- ____ Youth Majority 9-11 years
- ____ Sr. Youth Majority 12-14 years
- ____ Teen Majority 14-19 years
- ____ Collegiate – Majority of skaters are 18-25 (& representing a college)
- ____ Adult Team - majority of skaters 20 & over

FEES:

Team Compulsory: # _____ skaters X \$15.00 (includes Dist10 \$1.00 per skater per team event fees)=\$_____ (pay to SQSA PARADE)

Synchronized Skating: \$15.00 each skater; \$8.00 each skater for an additional synchro event

1st event _____ skaters x \$15.00 (includes District 10 \$1.00 per skater per team event fees) = \$_____ (pay to SQSA PARADE)

2nd event _____ skaters x \$ 8.00 (includes District 10 \$1.00 per skater per team event fees) = \$_____ (pay to SQSA PARADE)

Family Spotlight: \$25.00 per skater in family spotlight group includes \$1.00 Dist 10 fee per skater in the family for first 3 skaters up to maximum family spotlight entry fee of \$75.00 plus 1.00 Dist 10 fee per ea. skater in the family group beyond first 3 skaters.

(Summary: Family Spotlight with 2 skaters: \$50.00 fee; 3 skaters: \$75.00 fee; 4 skaters or more \$75.00 fee + \$1.00 ISI Dist 10 fee per each additional skater beyond 3) Enter Family Spotlight Entry Fee: _____ (pay to SQSA PARADE)

Ensemble Team: # _____ skaters X \$15.00 (includes District 10 \$1.00 per team event fee) = \$_____ (pay to SQSA PARADE)

Production Team: # _____ skaters X \$15.00 (includes District 10 \$1.00 per team event fee) = \$_____ (pay to SQSA PARADE)

| Name | Age as of 7/1/16 | ISI Number | Name | Age as of 7/1/16 | ISI Number |
|----------|------------------|------------|----------|------------------|------------|
| 1 _____ | | | 12 _____ | | |
| 2 _____ | | | 13 _____ | | |
| 3 _____ | | | 14 _____ | | |
| 4 _____ | | | 15 _____ | | |
| 5 _____ | | | 16 _____ | | |
| 6 _____ | | | 17 _____ | | |
| 7 _____ | | | 18 _____ | | |
| 8 _____ | | | 19 _____ | | |
| 9 _____ | | | 20 _____ | | |
| 10 _____ | | | 21 _____ | | |
| 11 _____ | | | 22 _____ | | |

23 _____
24 _____
25 _____
Alternate _____

If a Synchro Team is signing up for different events,
which involves a different team make-up (such as using
Synchro Skating alternates in Synchro Compulsory), we
request a separate list of expected starting skaters.

**COACH AND TEAM LIAISON VERIFICATION BELOW - MUST BE COMPLETED FOR
ENTRY TO BE ACCEPTED.**

Required Verifications:

Team Name: _____ Representing: _____

Event(s) _____ Age Division: _____

COACH VERIFICATION: *I declare the information on this form to be true and accurate. All skaters have correct individual ISI memberships. I have notified all team members that they skate at their own risk and release ISI and the home rink and their personnel from all liability. I understand that Synchronized Team entries must supply one qualified judge for a two hour block.*

I have passed the ISI Judges Certification Test Level: Gold Silver Bronze Synchro '16 Update

Signature _____

Printed Name: _____

ISI Associate # _____ Expires _____ Phone#: _____

Coach Mailing Address: _____ City State Zip _____

Coach Email Address: _____

TEAM LIAISON VERIFICATION: *I declare the information on this form to be true and accurate.*

Signature _____

Printed Name _____

ISI Associate # _____ Expires _____ Phone # _____

Address _____ City, State, Zip _____

Team Liaison's Email Address: _____

Paper entries and fees must be mailed by Team Liaison to:

SQSA Parade
ATTN: Char Martin
600 Kenwood Parkway
Minneapolis, MN 55403
Email: sk8char@gmail.com

Entries must be postmarked no later than January 14, 2017.
Please make checks payable to: SQSA PARADE