

**Entry Form - Lakewood Winter Club's May Blades Competition - May (13), 14, 15 and 16, 2010**  
**POSTMARK DEADLINE: March 31, 2010**

Name \_\_\_\_\_ USFS # \_\_\_\_\_

Partner \_\_\_\_\_ Partner USFS # \_\_\_\_\_

Birthdate \_\_\_\_\_ Age (as of 5/13/10) \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Email Address \_\_\_\_\_ (Please PRINT legibly!)

Telephone (\_\_\_\_\_) \_\_\_\_\_ Alternate Telephone(\_\_\_\_\_) \_\_\_\_\_

Home Club \_\_\_\_\_ Professional's Name \_\_\_\_\_

Highest USFS test passed: F/S \_\_\_\_\_ MITF \_\_\_\_\_ Pairs \_\_\_\_\_ Dance \_\_\_\_\_  
 Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_

Highest test passed: Basic Skills \_\_\_\_\_ ISI \_\_\_\_\_  
 Date \_\_\_\_\_ Date \_\_\_\_\_

**Hold Harmless:** The undersigned approved of the entry and agrees to hold harmless US Figure Skating, Lakewood Winter Club and Sprinker Recreation Center from any and all loss, damage, and injury of whatever kind or nature, that may be sustained by the entrant in any manner while participating in any activity of said competition. First aid may be administered by qualified medical personnel.

\_\_\_\_\_  
 Skater's Signature if over 18 \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

**Medical Release:** All skaters need to complete this section.

I, \_\_\_\_\_ give my permission for \_\_\_\_\_  
 to receive emergency medical care by qualified medical personnel, should it become necessary. List drug allergies and/or current medical conditions:

\_\_\_\_\_  
 Physician's name \_\_\_\_\_ EMERGENCY Phone \_\_\_\_\_

I hereby approve the above entrant and certify that he/she is a full member in good standing of my club; to the best of my knowledge is eligible to enter the event(s) specified; is an eligible skater as defined in the USFS official rules; and is following a standard and complete educational program in full compliance with his/her state requirements.

\_\_\_\_\_  
 Signature of Home Club Official \_\_\_\_\_ Title of Office \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
 Signature of Coach \_\_\_\_\_ Professional's Email and/or Phone # \_\_\_\_\_  
 (verification of events entered and appropriate level)

**\*\* Please send a self-addressed, stamped legal envelope to receive a copy of the competition & practice schedule. Entry confirmations and the schedule will be emailed to all legible, valid email addresses provided.**

**Make checks payable to: Lakewood Winter Club**  
**Mail to: Sonja Rasmussen, 6623 130<sup>th</sup> Street Ct E,**  
**Puyallup, WA 98373-6322.**  
**(253) 531-1859**  
**MayBlades@lakewoodwinterclub.com**

<b><u>FOR OFFICE USE ONLY</u></b>					
Entry Due _____	Practice Due _____	Check # _____	Check Amt \$ _____	Payee _____	

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Name \_\_\_\_\_ USFS # \_\_\_\_\_

**Entry checklist** – *be sure you have done & included the following:*

- COMPLETELY filled out entry information & event selection
- Planned Program Element sheet for each IJS program
- All required SIGNATURES have been obtained. (Parent, Club, & Coach)
- Email Address AND/OR One self-addressed, stamped envelope for the competition & practice ice schedule
- ENTRY & PRACTICE ICE FEES – submit 1 check for TOTAL AMOUNT DUE
- Ensembles – please use the attached entry form for your group. You don't need this form

Please indicate **level** of events to be entered:

Freeskating		Basic Skills Basic Program
Short Program		Basic Skills Free Skate
Jumps	} Tri-Blade Award	Basic Skills Showcase
Spins		Compulsory Dance
Compulsory Moves		Free Dance
Showcase		Original Dance
Duet		Solo Dance
Pairs		2 <sup>nd</sup> Solo Dance

**Entry Fees**

- \$80 for the first single event (except Basic Skills) \_\_\_\_\_ +  
 \_\_\_\_\_ events X \$30 for each additional event \_\_\_\_\_ +
- \$100 Pairs, Couples Dance and Duet Showcase (per couple per event) \_\_\_\_\_ +  
 \_\_\_\_\_ events X \$50 for each additional couple event \_\_\_\_\_ +
- \$50 for the first Basic Skills event \_\_\_\_\_ +  
 \_\_\_\_\_ events X \$20 for each additional Basic Skills event \_\_\_\_\_ +  
 dances X \$30 per Solo Dance \_\_\_\_\_ =

**Total Entry Fee Amount Due \$** \_\_\_\_\_

**Practice Ice** (1 practice session per event – please **highlight or circle** which events you want practices for.)

\_\_\_\_\_ Sessions X \$10.00/session **Total Practice Ice Due \$** \_\_\_\_\_

**Late Fee \$30 (after Mar 31) \$** \_\_\_\_\_

**TOTAL AMOUNT DUE (Entry Fee + Practice Ice) \$** \_\_\_\_\_

*Make checks and money orders payable to "LWC" or use the Mastercard/VISA form attached – sorry, no American Express or Discover!*

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### Information for you to keep!

#### Tentative Competition and Practice Schedule

The competition and practice schedule will be sent out as soon as it is available. It will be emailed to everyone who sends in a legible email address and mailed to competitors who send in a self-addressed, stamped envelope. The schedule will not be available until after **May 1**.

Though this competition is scheduled for 4 days, every effort will be made to hold the competition Friday through Sunday. The number of entries will govern the schedule and events will not necessarily be held on the same days they were last year. We will also try to schedule skaters' events on consecutive days to minimize travel expenses.

#### "Against the book"

Skaters in events with only one entry will be given the option to skate against the rulebook. Refunds will not be issued for those skaters skating against the book and they will receive an award. Skaters will be notified as soon as possible after the close of entries if they are the only entry.

Refunds will only be given under the following conditions:

1. An event is not held.
2. Withdrawal of an entry is made on or before the official deadline of March 31, 2010.

No refunds will be issued for injuries. To withdraw, notify the competition chair as soon as possible. Any refunds will be mailed within 30 days after the completion of the competition

#### Planned Program Content Sheet

All skaters entering events using the IJS system are required to submit planned program content sheets. This form is included in this announcement. Planned program content sheets must be submitted by May 1, 2010. PPC's that arrive after May 1 are subject to a \$30 late fee. Email submissions of the PPC's are acceptable and encouraged.

#### Contact information

**Sonja Rasmussen**, (253) 531-1859

Email: [MayBlades@lakewoodwinterclub.com](mailto:MayBlades@lakewoodwinterclub.com)

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**Mini-Production and Production Ensemble**

Ensemble Name:

Contact Name:

Address:

City, State, ZIP:

Phone:

E-mail address:

Coach Name:

Coach Address, City, State, ZIP:

Coach Phone:

Coach E-mail:

**Production Ensemble Members**

<b>Skater Name</b>	<b>U.S. Figure Skating No.</b>	<b>Skater Name</b>	<b>U.S. Figure Skating No</b>
1.		16.	
2.		17.	
3.		18.	
4.		19.	
5.		20.	
6.		21.	
7.		22.	
8.		23.	
9.		24.	
10.		25.	
11.		26.	
12.		27.	
13.		28.	
14.		29.	
15.		30.	

Ensemble entry fees worksheet

\$80 Ensemble Fee (per group)

+

skaters X \$10 per skater

=

**Total Ensemble Entry Fee Due \$**

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**Mastercard / VISA charge form**

**Do Not Email this form**

**Total Amount to be Charged**

Lakewood Winter Club accepts VISA and Mastercard credit cards. We do not accept American Express or Discover.

**Competitors' Name**

**Name as it appears on Card**

**Daytime Telephone – including area code**

**E-mail address**

**Credit card Account Number**

**Expiration Date**

**Billing Address Zip Code**

**Signature** \_\_\_\_\_