

Team Entry Form
Please PRINT all information
2010 Blades of March ISI Open Competition March 6-7, 2010
For complete competition information, rules & announcement please go to www.sqsaparade.com

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
 - ___ Team Compulsory Level FS _____
 - ___ Family Spotlight (# 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
 - ___ Adult Team - majority of skaters 20 & over

FEES:

Team Compulsory: # _____ skaters X \$14.00 (includes District 10 \$1.00 per skater per team event fees)=\$ _____

Synchronized Skating: \$14.00 each skater; \$8.00 each skater for an additional synchro event
 1st event _____ skaters x \$14.00 (includes District 10 \$1.00 per skater per team event fees) = \$ _____
 2nd event _____ skaters x \$ 8.00 (includes District 10 \$1.00 per skater per team event fees) = \$ _____

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: _____

Make Checks Payable to: SQSA (SportQuest Skating Academy)

Name	Age as of 7/1/09	ISI Number	Name	Age as of 7/1/09	ISI Number
1 _____			16 _____		
2 _____			17 _____		
3 _____			18 _____		
4 _____			19 _____		
5 _____			20 _____		
6 _____			21 _____		
7 _____			22 _____		
8 _____			23 _____		
9 _____			24 _____		
10 _____			Alternates _____		
11 _____			_____		
12 _____					
13 _____					
14 _____					
15 _____					

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

COACH AND TEAM LIAISON VERIFICATION ON REVERSE SIDE MUST BE COMPLETED FOR ENTRY TO BE ACCEPTED.

Required Verifications:

Team Name: _____ Representing: _____

Event(s) _____ Age Division: _____

A. 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 '10 Update

Signature _____

Printed Name: _____

ISI Associate # _____ Expires _____ Phone#: _____

Coach Mailing Address: _____ City State Zip _____

Coach Email Address: _____

B. 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: _____

All entries and fees must be mailed by Team Liaison to:
Blades of March Competition, c/o SQSA, 600 Kenwood Pkwy, Minneapolis, MN 55403
Contact: Page Lipe Email: SQSA1@aol.com or tel 612-209-8382
Entries must be postmarked no later than January 19, 2010. Issue checks to SQSA