



Richmond Ice Zone

First Annual Summer Soak

Basic Skills Competition

August 22, 2009



Name _____ Age _____ M F Club _____

Address _____ City _____ State _____ Zip _____

Birthdate _____ Phone _____ Parent's Email _____

USFS Membership # _____ Highest USFS Test Passed _____

Coach _____ Coach Phone _____ Coach Email _____

Please check the events you are entering:

Individual Compulsories

	Snowplow Sam
	Basic 1
	Basic 2
	Basic 3
	Basic 4
	Basic 5
	Basic 6
	Basic 7
	Basic 8

Individual Compulsories

	Free Skate 1
	Free Skate 2
	Free Skate 3
	Free Skate 3
	Free Skate 4
	Free Skate 5
	Free Skate 6

Basic Program

	Snowplow Sam
	Basic Free Skate 1
	Basic Free Skate 2
	Basic Free Skate 3
	Basic Free Skate 4
	Basic Free Skate 5
	Basic Free Skate 6
	Basic Free Skate 7
	Basic Free Skate 8

Free Skate Program

	Free Skate 1
	Free Skate 2
	Free Skate 3
	Free Skate 4
	Free Skate 5
	Free Skate 6

Showcase

	Showcase A
	Showcase B
	Showcase C
	Showcase D
	Showcase E

Test Track Free Skate Program

	Limited Beginner
	Beginner
	Pre Preliminary
	Preliminary

Well Balanced Free Skate Program

	No Test
	Pre Preliminary Free Skate
	Preliminary Free Skate

Adults

	Basic Adult Program
	Adult Pre Bronze
	Adult Bronze

The Entry Fee is \$45.00 for the first event & \$20.00 for each additional event.

First Event: \$45

Additional Event(s): _____ X \$20 = _____

Total: _____

Please make check payable to: Richmond Ice Zone

Special Olympics Basic Program

	1		7
	2		8
	3		9
	4		10
	5		11
	6		12

Please Mail Entry forms & fees to:

Richmond Ice Zone
636 Johnston Willis Dr
Richmond, VA 23236
Attn: Gaby Corcoran

Entry Fees are not refundable after the Entry Deadline unless an event is cancelled.

The Competitor named above is eligible to enter the events checked. It is agreed that the competitor and family holds the Richmond Ice Zone harmless from any and all liability both during practice or the competition, and from any and all liability for damages to or loss of property.

Parent/Guardian Signature _____ Date _____

Competitor Signature _____ Date _____

Instructor/Coach Signature _____ Date _____

Program Director/Club Officer _____ Date _____

If you would like to use your credit card:

Visa Master Card Discover
 American Express

Card # _____

Expiration _____

Signature _____