

1st Annual City of Palms Classic
Entry Form [PLEASE PRINT CLEARLY]

Name _____ Age _____ **Birth Date** _____
 Last First

E-Mail Address _____

Address _____ City _____

State _____ Zip _____ Area Code/Phone # _____

Home Club _____ **USFSA #** _____ **Highest Level Passed** _____

Male _____ Female _____ Name of Parent/Guardian _____

\$50 for First Event; \$20 for Second Event; \$10 for Each Additional Event

Basic 1—6

Level _____
 Program w/Music _____
 Compulsories _____
 Interpretive _____

Pre-Free Skate – Free Skate 6

Level _____
 Compulsory _____
 Free Skate _____
 Interpretive _____

Adults (1-6 & Beginner-Bronze)

Level _____
 Program w/Music _____
 Compulsories _____
 Interpretive _____

Snowplow Sam

Level _____
 Program w/ Music _____
 Compulsories _____

Excel Beginner – Excel Preliminary Plus

Level _____
 Free Skate _____
 Interpretive _____
 Compulsory _____

Well-Balance Free Skate

Level _____
 Free Skate _____
 Compulsory _____
 Interpretive _____

Special Olympics 1-12

Level _____
 Program w/Music _____
 Compulsory _____

Showcase (All Levels)

Level _____
 Lt. Entertainment _____
 Dramatic _____

Duet Showcase Level _____	Partners Name _____	Partners USFS/LTS USA# _____	Partners Age _____
Dramatic/Lt. Entertainment (Please Circle One)			

*Entry Fees are not refundable after the entry deadline unless an event is cancelled.
 If you are not a USFSA member add \$15 to fee / enter through our Basic Skills Program*

First Event (\$50) \$ _____
 Additional Event (\$20) \$ _____
 Additional Event (\$10) \$ _____
 Additional Event (\$10) \$ _____
 Join USFSA \$ _____
 Hospitality Fee \$ 5 _____
TOTAL: \$ _____

ENTRIES MUST BE POST MARKED BY JUNE 20, 2019

Mail form and fees to: City of Palms Figure Skating Club
 Fort Myers Skating, c/o Lisa Headen
 2250 Broadway Ave, Fort Myers, FL 33901

Make check payable to **City of Palms Figure Skating Club**

Card Number: _____
Exp #: _____ CVV #: _____ Zip: _____
Signature: _____

1st Annual City of Palms Classic
Team Entry Form [PLEASE PRINT CLEARLY]

Name of Team _____ Home Rink/Club _____

Coach Name _____ USFS # _____

Coach E-mail (Required) _____ Coach telephone # _____

\$15 per skater

____ Snowplow Sam Synchronized

____ Synchronized Skills 1

____ Synchronized Skills 2

____ Synchronized Skills 3

____ Preliminary

____ Mini Production Ensemble

____ Production Ensemble

Name	Age	USFS #	Name	Age	USFS #
1			21		
2			22		
3			23		
4			24		
5			25		
6			26		
7			27		
8			28		
9			29		
10			30		
11			31		
12			32		
13			33		
14			34		
15			35		
16			36		
17			37		
18			38		
19			39		
20			40		

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

Number of Skaters \$ _____

Entry Fee \$ X 15 _____

Hospitality Fee \$ 10 _____

TOTAL: \$ _____

ENTRIES MUST BE POST MARKED BY JUNE 20, 2019

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Fort Myers Skating, c/o Lisa Headen

2250 Broadway Ave, Fort Myers, FL 33901

Make check payable to **City of Palms Figure Skating Club**

Card Number: _____
Exp #: _____ CVV #: _____ Zip: _____
Signature: _____

Certification of Competitor

Competitor Name: _____

1. The competitor is eligible to enter the events checked. It is agreed that the competitor and family hold the City of Palms Figure Skating Club and the Fort Myers Skatium harmless from any and all liability either during practice or the competition, from any and all liability for damages to or loss of property.
2. As a participant, or parent/guardian of a minor participant, in the City of Palms Classic/ Florida Compete USA Series, I understand that the City of Palms Classic/Florida Compete USA Series, or its agents, may take photographs, video and/or film of my, my minor's and/or my family's involvement, participation, viewing or interaction at City of Palms Classic/Florida Compete USA Series scheduled ice time, activities, classes or events. I hereby authorize the taking and use of such photographs, video, film or likeness of myself, my minor child (or children), and/or my family in all forms and media and in all manners, including composite or other representations, for any lawful and legitimate City of Palms Classic/Florida Compete USA Series purpose, including dissemination and distribution of the same; and further waive any right to approve or object to any finished, modified or derivative product or media
3. I have read the Concussion Awareness Information located on www.cityofpalmsfscfl.com and by signing below, I am agreeing to the terms and conditions.

Parent/Guardian Signature _____ Date _____

Club Officer/Program Director _____

Title _____ Date _____

COMPETITOR SIGNATURE _____ Date _____

Coach Signature: _____ Print Name: _____

Please print clearly

Registered on USFS Coaches Registry for the current season? Yes USFS # _____

If you are not registered, go to www.usfigureskating.org , click on the Coaches Registration button and follow the instruction for registration.

COACHES WILL BE REQUIRED TO CHECK IN AT REGISTRATION AT EACH COMPETITION

Phone _____

E-mail Address: _____

Please print clearly

CHECKLIST [please be sure the following is included]:

____ Entry form with USFSA Number

____ Club Officer/Program Director Signature

____ Check payable to City of Palms Figure Skating Club

____ Events to be entered checked properly

HAPPY AD ADVERTISING FORM

[Put an encouraging note to your skater or entire club in our program]

Ad sizes available: Ads are available in business card size only however you may purchase more than one ad to make a larger tribute to your skater.

_____ # of Business Card ads X \$5 = \$ _____

Please include payment with your copy

Contact Name _____

Address _____

Phone Number _____

Insert Ad copy here or attach camera-ready artwork to this form.

