



Ice Skating Australia Incorporated
Demonstration Event 2008
 Organised by Ice Skating Queensland Inc. on behalf of ISA Incorporated
Open Synchronized Skating & Solo Dance
ENTRY FORM



EVENT ENTERED (Please tick)

<u>Solo Ice Dance Divisions</u>	<u>Synchronized Skating</u>
<input type="checkbox"/> Pre-Primary	<input type="checkbox"/> Open Division Synchronized Skating
<input type="checkbox"/> Primary	
<input type="checkbox"/> Open	

Competitor / Team Details

Surname / Team Name: _____

If applicable:
 Synchronized Team Manager: _____ Synchronized Team Captain _____
 Synchro Teams: Please complete Team Listing Form (Page 3).

First Name: _____

Address: _____

Email: _____

Phone: _____ Mobile: _____

Date of Birth: _____ POA Number: _____

State Association _____ State Membership No: _____

Entry Fees:
Solo Ice Dance \$100.00 per skater
Open Division Synchronized Skating \$100 per team member

All Entries must be submitted through your State Association
 State Associations: Payment of entry fees must be made directly to Ice Skating Australia Incorporated
 Please make cheques to be made payable to Ice Skating Australia Incorporated.

AGREEMENT.

1. I/We confirm that I/We meet the test, age and other requirements of eligibility specified in the published rules of this event.
2. I/We agree to abide by the rules of this event, the conducting body and the ISA Inc,
3. I/We agree to be punctual for draws, practices, events and official ceremonies
4. I/We agree to assume all risks of injury or loss for myself, ourselves or, if a parent/guardian, on behalf of my child/ward, and do hereby release and in all respects discharge and agree to hold harmless the conducting body, its officers, agents, employees and sponsors from any claim arising from injury or loss from participation in this events

Signature of Competitor / Guardian (if under 18) _____ Date _____

Closing Date of Entries:

- **Synchronized Skating:** Friday 25th July 2008
- **Solo Dance:** Friday 1st August

Entries must be made through your State Association



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MUSIC DETAILS:
SYNCHRONIZED TEAM NAME: _____

<u>MUSIC DETAILS</u>	Overall Duration of Music (not skating time)
1st Cut:	
Title of Music	Duration Min:Sec
Composer	Orchestra or Instrumentalist
Name of Disc/Tape	Number of Disc/Tape
2nd Cut:	
Title of Music	Duration Min:Sec
Composer	Orchestra or Instrumentalist
Name of Disc/Tape	Number of Disc/Tape
3rd Cut:	
Title of Music	Duration Min:Sec
Composer	Orchestra or Instrumentalist
Name of Disc/Tape	Number of Disc/Tape



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SYNCHRONIZED SKATING
Team Listing

This form must accompany all Synchronized Team Entry Forms
 Please type or write names in **Alphabetical order**

Name of Team: _____

Division: _____

No.	Names of Team Members	ISQ No:	POA No:	D.O.B. (If under 26)	Age at 1/7/08	Aust Citizen	ISA Test Level	Highest Sync Comp Level	Prev Jnr / Snr Champion
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									

Name of Team Official completing this form: _____

Signature of Team Official completing this form: _____

Position Held: _____ Date: _____