



SA STATE CHAMPIONSHIPS & WINTER CHALLENGE 2009

Synchronized Skating Team Entry Form

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For office use only:

Please fill out completely, including the Agreements on page two

NAME OF TEAM.....

MANAGER.....

CLUB.....

CONTACT ADDRESS.....

PHONE..... EMAIL.....

COACH (ES).....

Please note: Each individual skater must fill out a separate Official Entry form to be eligible to skate.

EVENT	Fee Per Skater	No. of Skaters	Fee Enclosed
			\$

	Team members (Last name, First name)	Age	DOB	POA	ISA test level	Paid
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

