

2010 PIONEER OPEN

March 27 & 28, 2010 Wonderland of Ice, Bridgeport, Connecticut

APPLICATION DEADLINE: MARCH 8, 2010

Individual Entry Form (please print CLEARLY)

Name: _____ Sex: _____ Age: _____ (as of 3/27/10)

Street Address: _____ Birthdate(MM/DD/YY) _____

City: _____ State: _____ Zip Code: _____ Phone: (____) _____

E-mail Address: _____ Team Representing: _____

Are you a full time college student? If yes, school attending? _____

ISI # _____ ISI Test Levels (as of 3/8/10.): _____ USFS Freestyle Level _____

→Are you an active USFS member who has competed at or above the Novice level at any USFS National Championship within the last two years? YES NO (please circle one)

Pre-Alpha – Delta
 Program
 Stroking
 Solo Compulsories
 Interpretive
Spotlight
 Character
 Light Entertainment
_____ Level

Open Freestyle
_____ Level
Solo Dance 1 - 10
_____ Level

Couples
 Shadow Dance _____ Level
 Spotlight High (Freestyle 6 –10)
 Spotlight Intermediate (Freestyle 4 – 5)
 Spotlight Medium (Freestyle 1 – 3)
 Spotlight Low (Alpha - Delta)
_____ Partner

Freestyle 1 – 10
 Program
 Footwork
 Artistic
 Stroking
 Solo
Compulsory
 Interpretive
 Ultimate
Spotlight
 Character
 Light Entertainment
_____ Level

Figures
 Figures
 Creative Figures
_____ Level

Tots
 Program
 Stroking
 Solo Compulsories
_____ Level

Jump & Spin Teams
 Low (Pre-Alpha-Delta)
 Med (Freestyle 1 – 3)
 Int (Freestyle 4 – 5)
 High (FS 6 –10)
_____ Partner

Created Events
 Rhythmic
Spotlight
 Dance Step
Event
 Spin
Challenge
 SURPRISE
 Couples
Interpretive
Partner / Prop:
=====

Hockey Events
 Skating
 Passing
&
Shooting
_____ Level

Entry Fees: First Event: \$60; Additional Events: \$20 each
CCRIS Membership (add \$15 to First Event Entry Fee)

Total Amount Enclosed: _____

I skate in this event(s) at my own risk for (name of team) _____ and hereby release ISI, MIRMA, The Wonderland of Ice and Sacred Heart University and their personnel and members from all liability.

Signature of Skater _____ **Signature of Parent or Guardian** _____

I declare that the above information is true, that this skater's tests are registered with ISI and that this skater is a current ISI Individual Member and is skating in the correct categories and levels.

Coach's name: _____ **Signature of Coach** _____
(required)

Coach's Phone number: (____) _____ **Coach's E-mail:** _____

Please make checks payable to: WOI (Wonderland of Ice) and Mail with entry form to:
Pioneer Open, c/o Wonderland of Ice. 123 Glenwood Avenue, Bridgeport, CT 06610