

ENTRY FORM - 2007 PONY EXPRESS CHAMPIONSHIP SYNCHRONIZED TEAMS

(Please **print** or type clearly)

TEAM NAME _____ HOME CLUB _____
 CONTACT PERSON _____ TELEPHONE () _____
 ADDRESS _____ CITY _____ ST _____ ZIP _____
 LEVEL _____

| SKATER'S NAME | AGE | BIRTHDATE | USFSA NUMBER |
|---------------|-----|-----------|--------------|
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|-----------------------------------|-----------------|
| TEAM ENTRY FEE | \$ 75.00 |
| Number of members _____ x \$5.00 | |
| Practice ice 15 minutes x \$30.00 | |
| TOTAL ENTRY FEE ENCLOSED | \$. |

Absolutely no registrations will be accepted, if postmarked later than **August 13, 2007**. Metered mail is not accepted for postmark eligibility. Entry fee does not include practice ice.

Please make check payable to: SJFSC
Mail to: Jennifer Kelly
 19307 Burke Rd
 Rock Port, MO 64482

Please enclose one self-addressed stamped envelope for notification of event time and practice ice schedule, if purchased.

Due to time constraints, the referee and/or the competition committee reserves the right to limit entries and /or events of the competition in the order received.

The undersigned approves of the entry and agrees to hold harmless the USFSA, St. Joseph Figure Skating Club and the Bode Ice Arena from and all loss, damage and/or injury that may be sustained in any manner while participating in any activities of said competition (in accordance with 2006 Official USFSA Rulebook, Section 4600-4791). All Skaters listed as members of this team are, to the best of my knowledge, eligible to compete under USFSA rules. If team represents a club, Club Officer must sign giving permission for the team to represent the Club in the Synchronized event.

CLUB OFFICER SIGNATURE _____ TITLE _____

PROFESSIONAL SIGNATURE _____ TELEPHONE () _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____