

PRELIMINARY ENTRY FORM**PLEASE RETURN THIS FORM BY 26th JANUARY 2012**

ISU MEMBER : _____ Country _____	
City: _____	
Name and Category of Club International Teams	
Intermediate 1 _____	Intermediate 2 _____
Juvenile _____	Adult _____
Preliminary _____	Elementary _____
Scottish Mixed Age _____	
Estimated number of people including Coaches, Manager and Staff (max 5 persons for each team): _____	

Signature of Team Official: And Name in Capitals	
Position of Team Official and Date:	

Please indicate if you require Unofficial Practice Ice and how many block you would ideally like to book.

The Unofficial Practice Ice is in 15 minute Blocks @ £30:00 per Block and will be available on Wednesday 4th and Thursday 5th April 2012.

I would like to reserve _____ Blocks

Please email this form as soon as possible to:

sk8scotlandsynchro@hotmail.co.uk

or by mail to the Organising Committee address as found in the Announcement

OFFICIAL ENTRY FORM

5-8th April 2012

A separate entry form must be submitted for each team entered

DEADLINE 23rd February 2012**Please type or write in capital letters.**

	Please tick
INTERMEDIATE 1	
INTERMEDIATE 2	
JUVENILE	
ADULT	
PRELIM	
ELEMENTARY	
SCOTTISH MIXED AGE	

ISU MEMBER	
TEAM NAME:	
COUNTRY:	
NAME OF CLUB/RINK:	
ALL TEAMS: TEAM MANAGER/OFFICIAL NAME & ADDRESS + ZIP CODE (UK POST CODE)	<hr/> <hr/> EMAIL CONTACT NO:
ISU INTERNATIONAL ONLY - TEAM LEADER	<hr/> <hr/> EMAIL CONTACT NO:
TEAM COACH: NAME AND SIGNATURE	
UK COACHES ONLY DATE & VENUE OF 1) FIELD MOVES AND OF 2) IJS SYNCHRO SEMINAR ATTENDED	1) <hr/> 2)

CLOSING DATE FOR THIS EVENT IS 23rd FEBRUARY 2012**SK8scotland reserves the right whether or not to accept late or incomplete entries****PAYMENT DETAILS****BANK TRANSFER** Transfer Amount £ _____ MADE ON (DATE) _____**PLEASE MAKE PAYMENT BY DIRECT BANK TRANSFER – DETAILS ON PAGE 3 OF THE ANNOUNCEMENT SEPARATE ENTRY FORMS ARE REQUIRED FOR EACH TEAM BUT A PAYMENT SUMMARY FORM (8) IS AVAILABLE FOR THOSE ENTERING MORE THAN ONE TEAM.**

TEAM MEMBERS

DEADLINE 23rd February 2012
Please type or write in capital letters.

A separate entry form must be submitted for each team entered

TEAM NAME _____ **CATEGORY** _____

Please enter Synchro team members in alphabetical order followed by alternates. . Please indicate team captain with an asterisk. *

UK Skaters only It is essential that details of each skater's test passes & NISA Number are included below

SKATER'S NAME Please write in capitals or very clearly & mark MALE skaters with an 'M'	Date of Birth (dd/mm/yyyy)	Age On 1 July 2011	UK Teams ONLY NISA No: Must be valid at 04/03/11 through 17/04/11	UK Teams ONLY Field Moves Test Level (By 04/03/11)
1.				
2.				
3.				
4.				
5.				
6.				
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ONLY SKATERS WHOSE NAMES ARE LISTED ABOVE WILL BE ALLOWED TO SKATE

I DECLARE THAT TO THE BEST OF MY KNOWLEDGE ALL SKATERS ABOVE ARE ELIGIBLE OR RETAINED ELIGIBLE SKATERS
(UK SKATERS ONLY - If retained Eligible have submitted the appropriate Elig. 4 and 5 forms to NISA)

Capital Letters Please:

COACH NAME	COACH SIGNATURE	Date:

Music Information**DEADLINE 23rd February 2012****Please type or write in capital letters.**

All music must be on CD with the Team's name, event and the length of the music (not the skating time) clearly indicated. A spare copy should be readily available at rinkside
Cassette tapes will not be accepted.

**NOTE: A TEAM PHOTOGRAPH IS REQUIRED FOR THE PROGRAMME AND POSSIBLY THE PRESS.
PLEASE SEND IT TOGETHER WITH THE ENTRY FORM**

MUSIC DETAILS*(Please fill in carefully as this information is required for entry)*Free Programme
Music Title:

Composer(s):

Time: (Mins / Secs)

Interpretation details on the Short and Free Programmes:

i.e. Give details of the piece of music you have chosen, including where the music came from.

If it is from a soundtrack, state where the section of music is taken from in relation to the soundtrack, and what you are interpreting on the ice, as well as background information regarding the piece of music selected

PAYMENT SUMMARY**DEADLINE 23rd February 2012****Please type or write in capital letters.**

TEAM NAME: _____

CATEGORY:

	Please tick
INTERMEDIATE 1	
INTERMEDIATE 2	
JUVENILE	
ADULT	
PRELIM	
ELEMENTARY	
SCOTTISH MIXED AGE	

COUNTRY: _____

ENTRY FEE	Price	
SENIOR/JUNIOR TEAM	£330.00	
ADVANCED NOVICE TEAM & all other categories	£300.00	
EXTRA PRACTICE ICE		
Subject to availability for Club International Entries	Price	Number of Blocks to be reserved
Dumfries Ice Bowl Each 15 MIN block	£30.00	...
TOTAL AMOUNT (GBP)		

NAME & DATE:	TITLE:	SIGNATURE:

All Payments should be made by Direct Bank Transfer to the following account:

Clearly indicate Trophy D'Ecosse 2012 / name of Team / Country**Bank:** Bank of Scotland, 8 Lochside Avenue, Edinburgh EH12 9DJ**Account Name:** NISA Scotland**Sort Code:** 12-24-81**Account Number:** 06199357

International Entries should additionally quote:

BIC Code: BOFSGBS1BBL**IBAN No:** GB34 BOFS 1224 8106 1993 57*For further details please refer to the Page 3 of the Announcement*

**DECLARATION FORM
DUMFRIES ICE BOWL 5-8th APRIL 2012**

DEADLINE 23rd February 2012
Please fill it in type or write in capital letters.

DECLARATION: This declaration must be signed by either the Skater if 18 years or over or a Parent / Guardian if Skater is under 18 years and returned with the Official Entry Form by the closing date of 23rd February 2012

I also give permission for the official Photographer to take photographs /video and understand that no other person should do this.

I understand and accept that anti-doping testing may take place during this event. I will make myself available at the time and place advised, if selected.

IMPORTANT IF UNDER 18 YEARS OF AGE: I, the parent / guardian of the above skater, who is under 18 years of age, agree to give Sk8scotland and the appointed Club officials working on its behalf, my permission to test the skater entered in the above competition if so selected.

I have read and agree to abide by the rules of the event and to observe the rules and directions of Sk8scotland and the NISA of UK Ltd at all times. I confirm that I am in good health and have no medical condition that would impede my ability to compete or be detrimental to any other competitor's ability to compete or cause harm whatsoever to any person. I understand that I participate in Sk8scotland, NISA sanctioned National Events at my own risk and that no liability is accepted by the Organisers and or the Association for any death, injury, damage or loss sustained by me during this event except as may be proven to be caused by the negligence of the Association. I further confirm that should any loss, injury, death or damage resulting from a negligent act or omission on my part as a result of any false information provided by me to the Association and / or the Organisers, then I shall fully indemnify the Association for any loss suffered as a result.

SIGNATURES MUST CORRESPOND TO THE SKATERS' NUMBERS AS DETAILED ON PREVIOUS PAGE.

- 1. Parent Signature: Skater Signature:
- 2. Parent Signature: Skater Signature:
- 3. Parent Signature:Skater Signature:
- 4. Parent Signature:Skater Signature:
- 5. Parent Signature:Skater Signature:
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- 15. Parent Signature:Skater Signature:
- 16. Parent Signature:Skater Signature:
- 17. Parent Signature:Skater Signature:
- 18. Parent Signature:Skater Signature:
- 19. Parent Signature:Skater Signature:
- 20. Parent Signature:Skater Signature:

THIS FORM ONLY REQUIRES COMPLETION IN THE EVENT THERE IS A TEAM MEMBER WHO WILL NOT PERMIT PHOTOGRAPHY OTHER THAN FOR THE INTERNATIONAL JUDGING SYSTEM REQUIREMENTS.

PHOTOGRAPHY and VIDEOING
NON-CONSENT FORM

IMPORTANT

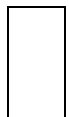
- By entering the event, there is an acceptance that the child/participant may be photographed and/or videoed, and that images may be published by Sk8scotland and/or the National Ice Skating Association, unless the non-consent form below states otherwise
- This event will be judged under the ISU International Judging System which necessarily involves video to allow for video replay at the event. Skaters / parents / guardians may not opt out of this requirement as it is a condition of entry.
- Skaters, parents/guardians and Team Managers should be aware that Synchronized Skating is a TEAM event and the non-consent (to photography) for any one skater means that the entire team may not be photographed or videoed. In the event that the Team concerned achieves a podium place the skater concerned may choose not to join the team on the podium

Non-consent by synchro parents requires a separate sheet for a parent/guardian of each skater under 18”

EVENT:

CLUB INTERNATIONAL
TROPHY D'ECOSSE 2012
Incorporating
SCOTTISH SYNCHRONIZED SKATING CHAMPIONSHIPS

- **I DO NOT** consent to the taking of photographs/video (other than for purpose of IJS) by the Sk8scotland Official Photographer/Videographer at the event named above



Skater Name:

Team:

.....
Signed (**Parent/Guardian**):

Date:

Team Manager: I acknowledge the above non-consent and confirm that no video/photography (other than for IJS) of the entire team may be permitted

Signed (**Team Manager**):

Date:

Program Content (SYNCHRO)

THIS FORM MUST BE RETURNED NO LATER THAN 23RD FEBRUARY 2012

Please fill in the elements sheet below in the correct order. PLEASE USE THE OFFICIAL ELEMENT CODES. It is important that these forms are completed correctly for successful entry to this competition.

Rink / Club:

Category: Intermediate 1 Intermediate 2 Adult
 Juvenile Preliminary Elementary Scottish Mixed Age

TEAM:

ELEMENTS IN ORDER OF SKATING

	Time*	Elements SP (Junior & Senior Teams only)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

	Time*	Elements FS
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Date, Signature Team Coach :
