

AYR FIGURE SKATING CLUB
2011 Open Competition Entry Form - RJS (6.0)
Saturday 24th & Sunday 25th September 2011
Closing Date: Monday 22nd August 2011



Please return this entry form with the appropriate fee to:

Fiona Scobie, 3 MacAdam Place, Culzean Heights, Maybole, KA19 8BY.

Cheques / P.O.'s should be made payable to **AFSC**. (Please do not send cash).

All sections of this entry form must be completed

Event No:	Event Level:	Event No:	Event Level:
Event No:	Event Level:	Event No.	Event Level:
Name of Competitor:			
Date of Birth:		Age on 1 July 2011:	
Address:		Age at closing date (22 nd August 2011)	
Town:		Postcode:	
Telephone No:		e-mail address:	
Club / Rink represented: (one only)		Partner's name for pairs event(s):	
Name of Licensed Coach:		Licensed Coach membership No:	
Venue of Field Moves Seminar attended by Licensed Coach:		Date Attended:	

NISA Membership No. Please note that NISA membership is a condition of this event.	NISA Membership applied for (x)		
Beginners Event (Ladies & Men) Exhibitions (Solo and Pairs)	A photocopy of the Skate UK passport must be submitted, or alternatively please complete the relevant sections below for Field Moves.		
Present Level Field Moves	Date Passed:		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; background-color: #cccccc;">National Tests</td> <td style="width: 50%; background-color: #cccccc;">Competitive Tests</td> </tr> </table>	National Tests	Competitive Tests
National Tests	Competitive Tests		
Present Level Elements / Short	Date Passed:		
Present Level Free	Date Passed:		
Present Level Pairs Test	Date Passed:		
Please indicate details of pending tests prior to the closing date:			

Entry Fee Enclosed: £ _____

Declaration: I am/we are an eligible skater as defined by NISA rules and agree to abide by the rules and regulations of the competition entered. I/we consent to the above information being stored on computer for the use of this competition and agree that contact information may be released to Local Authority/Council and Education Welfare departments on request and for specific purpose. I agree to be included in the official photographs/videos of the event. I am/we are aware that these competitions may be subject to doping control as recommended by the I.O.C. and the I.S.U. I am/we are fit to skate in this event and that there is no medical reason which prevents me/us from skating in this event.

Signature of Skater _____ Date _____

Parent or guardian signature _____ Date _____
 (if skater is under 18 years)

For Official Use only	Date entry rec'd	Fee enclosed	Receipt requested	Date sent	Checked by
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