

**FRANKLIN BLADES SKATING SCHOOL
EIGHTEENTH ANNUAL
I.S.I. TEAM COMPETITION
DECEMBER 7, 2008**

ISI ENDORSEMENT NO. _____

NAME: _____ AGE AS OF 12/07/08 _____ DOB _____ SEX _____

ADDRESS: _____ ISI# _____ USFSA# _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

I WISH TO COMPETE IN:

PRE-ALPHA	FREESTYLE	SPECIAL	STROKING	FOOTWORK	SOLO COMP.
DELTA	1-10	SKATER	PRE-A-DELTA	1-10	1-10
Level	Level	Level	Level	Level	Level

ARTISTIC 1-10	SPOTLIGHT	JUMP & SPIN TEAM	TEAM COMP.	SYNCHO TEAM
Level	Level	Level Partner's Name:	4 - 10	ENSEMBLE TEAM
			Level _____	

Highest test registered with ISI as of November 1, 2007: _____

ENTRY FEES:

- 0 \$45.00 SINGLE ENTRY
- 0 \$35.00 EACH ADDITIONAL FAMILY MEMBER
- 0 \$25.00 EACH ADDITIONAL EVENT

TURN IN ENTRY FORM AND CHECK TO TEAM COACH BY _____. COACH MUST SEND ONE TEAM CHECK (PAYABLE TO: DMC/FBSS) WITH ALL APPLICATIONS TO:

FRANKLIN BLADES SKATING SCHOOL
DOROTHY CUNNINGHAM, DIRECTOR
408 BRENDA LANE
FRANKLIN, MA 02038

ENTRIES MUST BE POSTMARKED BY NOVEMBER 10, 2008. WE RESERVE THE RIGHT TO LIMIT THE NUMBER OF ENTRIES.

I SKATE AT THIS COMPETITION AT MY OWN RISK FOR _____.
NAME OF TEAM

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 ____.

SIGNATURE OF SKATER

SIGNATURE OF PARENT OR GUARDIAN

I DECLARE THAT THE ABOVE INFORMATION IS TRUE AND THAT THE SKATER IS REGISTERED AND HAS A CURRENT INDIVIDUAL MEMBERSHIP WITH ISI.

SIGNATURE OF TEAM COACH

Team Coach email _____