

2014 PIONEER OPEN

May 17 & 18, 2014 Wonderland of Ice, Bridgeport, Connecticut

APPLICATION DEADLINE: May 2, 2014
Individual Entry Form (please print CLEARLY)

Name: _____ Sex: _____ Age: _____ (as of 5/17/14)

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 5/2/2014.): _____ 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 5 –10)
- Spotlight Medium (Freestyle 1 – 4)
- Spotlight Low (Alpha - Delta)

_____ Partner

Freestyle 1 – 10

- Program
- Footwork
- Artistic
- Stroking
- Solo
- Compulsory
- Interpretive

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:

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Hockey Events

- Skating
- Passing & Shooting

_____ Level

Entry Fees: First Event: \$65; Additional Events: \$25 each

ISI 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