



AYR FIGURE SKATING CLUB
Open Competition Entry Form
Saturday 22nd & Sunday 23rd August 2009
Closing Date: Monday 20th July 2009

Please return this entry form with the appropriate fee to: **Helen Edgar, 26 Crandleyhill Road, PRESTWICK KA9 2BE**
 Cheques / P.O.'s should be made payable to **AFSC**. (Please do not send cash).

All sections of this entry form must be completed

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|--|--------------|---------------------------------------|--------------|
| 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 2009: | |
| Address: | | | |
| Town: | | Postcode: | |
| Telephone No: | | e-mail address: | |
| Club 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: | |

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|--|---|------------------------------------|--|
| 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: | |
| | 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. 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 |
|--------------------------|------------------|--------------|-------------------|-----------|------------|