

SAISA Inc State Championships & Spring Cup 2011 8 & 9 October

OFFICIAL ENTRY FORM Singles, Pairs, Solo Dance

Office use only Amt:	
Date:	
Rec No.:	
Eligibility:	
Other:	

Division(s) entering:					
Competitor Details					
Competitor's name:					Partner's name:(if applies)
State/Territory:	Home Address:				
Contact details: (email	and mobile)				
Coaches:					
Eligibility					
Test level: (highest Te	ests passed)				
	petitors must either be financial a egistered Aussie Skaters:		nsured membe	ers of their State A	Association at close of Member No:
	you registered this year?		S / NO		Mombol Ho.
Age: (at closing date)			POA No.:		
Entry Fees: fees are I	isted in the Announcement. Amou	unts	paid:		
Method of payment: (ii	nclude deposit receipt number, if	appl	licable)		
Music: The music deta	ails are completed & attached:	YE	ES / NO		
	s completed and attached:		S / NO		try will NOT be accepted completed PPC form
	al for Aussie Skate levels but will				. ,
Agreement and decia	aration: has been signed:	ΥĿ	S / NO	N.B. Proper	signatures are required
DECLARATION: I agree to abide by the rules of this competition, SAISA Inc and ISA Inc. I confirm that I meet the age, test and eligibility requirements to enter this event. MEDIA AGREEMENT: I give permission for my performance to be included on the Official DVD and the Official Photographs.					
Signature of Compet (or Parent/Guardian	itor:if competitor under 18)			Da	te:
Signature of Coach				Da	te:
Please help the organising committee plan by answering the following questions: ☐ Yes, I am interested in purchasing an Official DVD of the competition ☐ Yes, I am interested in purchasing Official Photos of the competition ☐ Yes, I will be making use of the Official Practice Sessions					

Payment options: The preferred method of payment is by Direct Deposit via electronic transfer, or by an over-the-counter deposit at a BankSA or St George branch. Email notification of a deposit will be appreciated. The South Australian Ice Skating Association account is: BSB 105-105 Account number 389743040. Cheques/money orders made out to SA Ice Skating Association can be posted to the SAISA post box.

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MUSIC DETAILS (required for Copyright reasons)

NAME		
DIVISION:		
SHORT PROGRAM		DISC NUMBER
DURATION OF MUSIC:	SECONDS	
TITLE (S)		
COMPOSER (S)		
ARTIST (S)		
LONG PROGRAM		DISC NUMBER
DURATION OF MUSIC:	SECONDS	
TITLE (S)		
COMPOSER (S)		
ARTIST (S)		

Please supply music details for all events entered

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PLANI	NED PROGRAM (CONTENT (PP	C)	Due: with entry form
	NAME:			
	DIVISION:			
	_	ELEMENTS IN	ORDER OF S	KATING
	Elements SP	/ OD		Elements FS / FD
1			1	
			2	
2			3	
			4	
3			5	
		6		
4			7	
			8	
5			9	
			10	
6			11	
			12	
7			13	
			14	
8			15	
			16	
NOTE:	Check Division requirem	ents to ensure the m	aximum number xceeded	of elements for your division have not
Skater/T	eam Manager/coach si	gnature:		