

2003 North American International Synchronized Skating Competition

Forms Enclosure List

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FORM TA	_____	TICKETS - ADVANCE ORDER FORM – 1 Page

Important:

Your announcement packet should contain all the above listed forms. If a form is missing from the announcement packet please notify the Organizing Member (USFSA) or the Organizing Committee (DMSC / NAISSC 2003) immediately. The enclosed forms are a necessary part of the entry process. Please type these forms or print in block letters for legibility and make sure ALL of the proper signatures are obtained. There are 7 pages in the announcement and 18 pages in the forms packet.



**2003 North American International
Synchronized Skating Competition
Fraser, Michigan – January 9th – 10th, 2003**

**FORM A
TEAM ENTRY FORM**
(Please, use block letters or type)
**Deadline For Return Of All Forms
November 15, 2002**

(Signature Required)

2003 North American International Synchronized Skating Competition

ISU Member:		
Name of the Team:		
Name of the Club:	Category:	
Coach:	Team Manager:	
Phone:	Email: Fax:	
Competitors in alphabetical order by surname: <i>(please, indicate male skaters, if any)</i>	Date of Birth:	Citizenship:
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		



**2003 North American International
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Fraser, Michigan – January 9th – 10th, 2003**

**FORM A
(Continued)
TEAM ENTRY FORM**
(Please, use block letters or type)
**Deadline For Return Of All Forms
November 15, 2002**

(Signature Required)

2003 North American International Synchronized Skating Competition

Competitors in alphabetical order by surname: <i>(please, indicate male skaters, if any)</i>	Date of Birth:	Citizenship:
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
Alt. 1		
Alt. 2		
Alt. 3		
Alt. 4		
ISU Member Signature:	Return to: DMSC / NAISSC - 2003 C/O Robert Ellwood, MD P.O. Box 1360 Birmingham, MI 48012 USA	
Title:		



**2003 North American International
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**FORM B
JUDGES NOMINATION FORM**
(Please, use block letters or type)
**Deadline For Return Of All Forms
November 15, 2002**

(Signature Required)

2003 North American International Synchronized Skating Competition

ISU Member: _____

Name of the Judge: _____

ARRIVAL:

Date of arrival: _____

Time of arrival: _____

Place of arrival: **Detroit Metropolitan Airport (DTW), Detroit, Michigan USA**

Airline: _____

Flight Nbr: _____

From what city: _____

DEPARTURE:

Date of departure: _____

Time of departure: _____

Place of departure: **Detroit Metropolitan Airport (DTW), Detroit, Michigan USA**

Airline: _____

Flight Nbr: _____

To what city: _____

PERSON TO CONTACT FOR TRAVEL ARRANGEMENTS:

Address: _____

Phone Nbr: _____

Fax Nbr: _____

Email: _____

ISU Member Signature: _____

Title: _____

Please be sure to give the correct information to ensure your arrival and departure from our competition.

Return to: **DMSC / NAISSC - 2003
C/O Robert Ellwood, MD
P.O. Box 1360
Birmingham, MI 48012
USA**



**2003 North American International
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**FORM C1
INDIVIDUAL SKATER MEDICAL INFORMATION**

(Copy This Form & Provide 1 For Each Skater)

(Please, use block letters or type)

Please bring this form or similar information to the competition

It is recommended that each team manager carry copies of this medical information or form with similar information for each skater for use in case of emergency / accident. Please have available at the arena during practice ice and competition.

Skater Name: _____

Team Name: _____

List any known allergies: 1. _____ 2. _____ 3. _____

List any existing medical conditions: _____

List any medications you are currently taking: _____

List current immunizations: _____

List past injuries or surgeries: _____



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**FORM C2
MEDICAL & LIABILITY RELEASE FORM**

(Please, use block letters or type)
**Deadline For Return Of All Forms
November 15, 2002**

(Signatures Required)

MEDICAL RELEASE: Agree to authorize on behalf of ourselves, or, if under the age of 18 years, on behalf of the minor, the obtaining of and performance of diagnosis, medical treatment, and rehabilitation by licensed physicians, and the performance of emergency first aid treatment by emergency medical treatment services relative to injuries and/or illness arising during practice for and participation in the competition and related events, as well as injuries and/or illness occurring during transportation to and from such events.

LIABILITY RELEASE - ATHLETE/PARENT/LEGAL GUARDIAN: I understand that, in accordance with ISU R. 119 and USFSA CR 10.12, the Organizing Member (USFSA) and the host club and/or organizers of this competition undertake no responsibility for damages or injuries suffered by the competitors. As a condition of and in consideration of the acceptance of their entries or participation therein, all entrants, their parents, legal guardians and officials shall be deemed to agree to assume all risks or injury to their person or property resulting from, caused by or connected with, the conduct and management of the competition, and to waive and release any and all claims which they may have against any officials, the USFSA, the club and/or organizers hosting the competition and their officers, and their entries shall be accepted only on such condition.

Every skater, or if under 18 parent/legal guardian, must sign the following medical and liability release roster in order to be considered as entered in this competition.

ISU Member:	Name of Team:
Competitors in alphabetical order by surname:	SKATER SIGNATURE, or if under 18, PARENT/LEGAL GUARDIAN SIGNATURE
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	



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**FORM C2
(Continued)**

MEDICAL & LIABILITY RELEASE FORM

(Please, use block letters or type)

Deadline For Return Of All Forms

November 15, 2002

(Signatures Required)

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ISU Member:	Name of Team:
Competitors in alphabetical order by surname:	SKATER SIGNATURE, or if under 18, PARENT/LEGAL GUARDIAN SIGNATURE
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	



**2003 North American International
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**FORM C2
(Continued)**

MEDICAL & LIABILITY RELEASE FORM

(Please, use block letters or type)

Deadline For Return Of All Forms

November 15, 2002

(Signatures Required)

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Competitors in alphabetical order by surname:	SKATER SIGNATURE, or if under 18, PARENT/LEGAL GUARDIAN SIGNATURE:
Alt. 1	
Alt. 2	
Alt. 3	
Alt. 4	



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**FORM D
MUSIC AND PRESS INFORMATION**

(Please, use block letters or type)
**Deadline For Return Of All Forms
November 15, 2002**

ISU Member: _____

Team: _____

Category: _____

Coach: _____

LIST OF MUSIC AND NAME OF COMPOSER

Short Program: _____

Duration: _____

Free Skating Program: _____

Duration: _____

National / International Results: _____

This information will be used when presenting your team to press and media. Please, send as soon as possible one picture of the team. Note - Coaches are not to be in the photograph.

Return to: **DMSC / NAISSC - 2003
C/O Robert Ellwood, MD
P.O. Box 1360
Birmingham, MI 48012
USA**



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FORM E
OFFICIAL ENTRY / FEE TRANSMITTAL FORM

(Please, use block letters or type)
Deadline For Return Of Forms With Fees
November 15, 2002

(Verify All Forms Marked "Signature(s) Required" Are Properly Signed

Team Name: _____

Fees & Submissions (USD)	Number of Team/Blocks/ Persons	Total
Official Entry Fee - \$400.00 (USD)	1 – Team	\$400.00 (USD)
Extra Practice Ice (<i>FORM I</i>) \$75.00 (USD) per 15 min Block	Block(s)	
Competitors Party Reservation (<i>FORM CP</i>) - \$15.00 (USD) per Person	Person(s)	
Tickets – ADVANCE ORDER FORM (<i>FORM TA</i>) See Form	Person(s)	
Total Fees Submitted For Above Forms Only (Not FORM HR or PA)		

For Additional Official Forms Transmittal See FORM F:

IMPORTANT NOTICE: All entries submitted with FORM F, OFFICIAL FORMS TRANSMITTAL FORM are NOT validated entries until this form, FORM E, is received with payment in full of the official entry fee shown. Your entry will be validated on **November 15, 2002**.

Reminder: Any requests for program advertising **MUST** be sent in with the FORM PA, fee and associated advertising copy by November 15, 2002. All hotel accommodations and payment arrangements are to be handled directly with the hotel, pursuant to Form HI, HR and HR 2, provided as a courtesy.

Return to: DMSC / NAISSC 2003
C/O Robert Ellwood, MD
P.O. Box 1360
Birmingham, MI 48012
USA



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FORM F
OFFICIAL FORMS TRANSMITTAL FORM

(Please, use block letters or type)
Deadline For Return Of All Forms
November 15, 2002

(Verify All Forms Marked "Signature(s) Required" Are Properly Signed)

ISU Member: _____

Team Name: _____

Forms & Fees Due By November 15, 2002 Deadline:

TEAM ENTRY / ROSTER FORM	FORM A / 2 Pages
<i>(Entry NOT validated until receipt of FORM E with Entry Fee remitted in full)</i>	
JUDGES NOMINATION FORM	FORM B 1 Page
MEDICAL INFORMATION FORM	FORM C1 1 Page
<i>(One form for each person – please make copies)</i>	
MEDICAL & LIABILITY RELEASE FORM	FORM C2 3 Pages
MUSIC & PRESS INFORMATION FORM	FORM D 1 Page
OFFICIAL ENTRY & FEES TRANSMITTAL FORM	FORM E 1 Page
OFFICIAL FORMS TRANSMITTAL	FORM F 1 Page
NON OFFICIAL PRACTICE ICE FORM	FORM I 1 Page
TEAM TRAVEL QUESTIONNAIRE FORM	FORM T1 1 Page
COMPETITOR'S PARTY RESERVATION FORM	FORM CP 1 Page
PROGRAM ADVERTISEMENT ORDER FORM	FORM PA 1 Page
TICKETS – ADVANCED ORDER FORM	FORM TA 1 Page

IMPORTANT NOTE: No Entry will be considered validated unless ALL official forms and entry fees are received complete by the stated deadline dates, as indicated throughout the Official Announcement and Official Forms. Entries that are incomplete because they are lacking proper forms, signatures and/or entry fee payment by the published deadline dates will be declared void at the discretion of the Organizing Committee at the expiration of deadlines. PLEASE, DO NOT forget Hotel accommodations. See OFFICIAL HOTEL RESERVATION FORMS HI and HR are provided as a courtesy)

Return to: DMSC / NAISSC 2003
C/O Robert Ellwood, MD
P.O. Box 1360
Birmingham, MI 48012
USA



**2003 North American International
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**FORM I
NON OFFICIAL PRACTICE ICE FORM**

(Please, use block letters or type)

**Deadline For Return
November 15, 2002**

ISU Member: _____

Team Name: _____ Category: _____

Team Manager: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

There will be non official extra practice ice available at the Great Lakes Sports City Arena on the competition ice surface and on the non competition ice. Practice ice will be available in 15 minute blocks at \$75.00 per block. All requests will be reviewed according to ice availability on a first come first serve basis. Reserve desired time(s) early. ***A final schedule will be made available after all requests are in, the organizer has resolved potential conflicts and scheduled appropriate Ice Make breaks to condition the ice.*** Conflicts in requested scheduling between teams shall be resolved with a draw system and final scheduling is at the sole discretion of the Organizer (DMSC/NAISSC 2003). ***Ice makes are normally scheduled after every 3rd - 15 minute block.*** Teams are requested to show up at least one hour before their reserved practice time starts. To best accommodate the needs of all the teams the organizer reserves the right, on the day of practice, to move an individual practice time as much as 30 minutes either way, at its discretion. Please Be Prompt!

Non Official Extra Practice Ice - Wednesday, January 8, 2003

(These practice sessions will be on the competition ice)

Please designate preferences by placing a 1, 2, 3 in the appropriate boxes:

MORNING _____ **MID-DAY** _____ **LATE DAY** _____

Non Official Extra Practice Ice – Thursday, January 9, 2003

(These practice sessions will NOT be on competition ice, but adjacent to competition ice)

Please designate preferences by placing a 1, 2, 3 in the appropriate boxes:

MORNING _____ **MID-DAY** _____ **LATE DAY** _____

Total Number of 15 min. Blocks requested _____ X \$75.00 (USD) = Total \$ _____ (USD)

Make funds payable and return to: DMSC / NAISSC 2003
C/O Robert Ellwood, MD
P.O. Box 1360
Birmingham, MI 48012
USA



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**FORM T1
TEAM TRAVEL QUESTIONNAIRE FORM**

(Please, use block letters or type)

**Deadline For Return
November 15, 2002**

(Signature Required)

ISU Member: _____ Team Manager: _____

Team: _____ Category: _____

Contact Person Responsible for Team Itinerary: _____

Address: _____

Phone: _____ Fax: _____

Total number of persons traveling as official members of the team: _____

TEAM ARRIVAL INFORMATION:

Date of arrival: _____ Time of arrival (EST): _____

Place of arrival: **Detroit Metropolitan Airport (DTW), Detroit, Michigan USA**

Airline: _____ Flight Nbr: _____ From which city: _____

TEAM DEPARTURE INFORMATION:

Date of departure: _____ Time of departure (EST): _____

Place of departure: **Detroit Metropolitan Airport (DTW), Detroit, Michigan USA**

Airline: _____ Flight Nbr: _____ To which city: _____

Contact Person Responsible for Team's Itinerary please sign below:

Date: _____ Signature: _____

Please be sure to give the correct information to facilitate your arrival and departure from our competition.

**Return to: DMSC / NAISSC - 2003
C/O Robert Ellwood, MD
P.O. Box 1360
Birmingham, MI 48012
USA**



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**FORM CP
COMPETITOR'S PARTY RESERVATION FORM**
(Please, use block letters or type)

**Deadline For Return
November 15, 2002**

**THE 2003 NAISSC COMPETITOR'S PARTY WILL BE HELD AT THE
BEST WESTERN STERLING INN BALLROOM B – (Competitor's Hotel)**

**THE PARTY WILL BE ON FRIDAY, JANUARY 10 FROM 2200 UNTIL
0100 HOURS.**

**THE MENU FOR THE PARTY WILL BE "A TASTE OF AMERICA"
DRINK STATIONS WILL BE AVAILABLE AROUND THE BALLROOM**

ENTERTAINMENT WILL BE PROVIDED BY A LOCAL D.J.

Team Name: _____

Team Contact Person: _____

Phone: _____ Fax: _____

Address: _____

No. of Tickets: _____ X \$15.00 (USD) = _____

Return to: DMSC / NAISSC - 2003
C/O Robert Ellwood, MD
P.O. Box 1360
Birmingham, MI 48012
USA



**2003 North American International
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**FORM HI
OFFICIAL HOTEL INFORMATION FORM**

OFFICIAL 2003 NAISSC HOTEL

**BEST WESTERN STERLING INN
34911 VAN DYKE AVENUE
STERLING HEIGHTS, MI 48312 USA
Phone: 586-979-1400
Fax: 586-979-7962**

General Information

All rooms are double rooms (2 beds) at a rate of \$105.00 + TAX (USD).

Rooms are available on a first come, first served basis. Each room offers coffee makers, hairdryers, iron and ironing board, minibars, and in-room safes, Phones with voice mail, high-speed internet access, room service and restaurant. The hotel also has a beautiful new indoor waterpark with a 5,000 square foot zero entry swimming pool, a state of the art fitness center and Jacuzzis are also available.

All room rates are subject to the prevailing city and state taxes. Hotel check-in is after 1500 on the day of arrival. Check-out time is before 1100 on the day of departure. Check with the hotel to make any special arrangements necessary to accommodate airline schedules. Reservations must be guaranteed by credit card, cashiers check or money orders. Rates include four waterpark admissions. A major credit card or a \$50.00 deposit per room is required upon check-in to the hotel. ***All reservations must be received by December 1, 2002.***

Rooming List: Rooming list with detailed information (**see attached FORM HR**) must be provided to the hotel by December 1st, 2002, with payment arrangements.

Transportation: Must be arranged by the individual incoming member groups. Transportation will be needed to and from the hotel and ice arena as appropriate for individual groups.

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OTHER HOTELS IN THE FRASER, MICHIGAN AREA

**COURTYARD BY MARRIOTT – UTICA
4600 UTICA PARK BLVD.
UTICA, MICHIGAN 48315-5913
Phone: 800-321-2211
Fax: 586-979-6100**

**QUALITY INN - WARREN
32035 VAN DYKE
WARREN, MICHIGAN 48093
Phone: 800-424-5423**

**COURTYARD BY MARRIOTT – TROY
1525 EAST MAPLE ROAD
TROY, MICHIGAN 48083
Phone: 248-528-2800**

**COURTYARD BY MARRIOTT – WARREN
30190 VAN DYKE AVENUE
WARREN, MICHIGAN 48093
Phone: 800-321-2211
Fax: 586-751-5777**

**La QUINTA – WARREN
7001 CONVENTION BLVD
WARREN, MICHIGAN 48092
Phone: 800-531-5900
Fax: 586-268-9020**

ALL THE ABOVE HOTELS ARE WITHIN A THREE TO FIVE (3-5) MILE RADIUS OF THE GREAT LAKES SPORTS CITY ARENA – FRASER, MICHIGAN



**2003 North American International
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**FORM HR
OFFICIAL HOTEL RESERVATION FORM**

(Please, use block letters or type)

**Return To Official Hotel / Deadline For Room Rate
December 1, 2002**

(Signature Required)

OFFICIAL HOTEL RESERVATION COVERSHEET

Date: _____

To: BEST WESTERN STERLING INN

Fax: 586-979-7962

Ref: 2003 North American International Synchronized Skating Competition (NAISSC)

Team Name: _____

Contact Responsible for Team: _____

Telephone No.: _____ **Fax No.:** _____

Originating Country: _____

Payment Arrangements: _____

Number of Rooms Required: _____ @ \$105.00 + TAX(USD) = \$ _____

Check In Date: _____ **Check Out Date:** _____

Signature of Contact Responsible for Team: _____

In order to speed up check-in procedures, please use **FORM HR (continued)** as your rooming list. Make as many additional copies as necessary.

ATTENTION !!!!! DEADLINE – DECEMBER 1, 2002



**2003 North American International
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**FORM HR
(Continued)
OFFICIAL HOTEL RESERVATION FORM**
(Please, use block letters or type)

**Return To Official Hotel with FORM HR
Deadline For Room Rate
December 1, 2002**

TEAM ROOMING LIST

Please list all names in room. Make additional copies as necessary.

ROOM ____				
NAME	ARRIVAL	DEPARTURE	PLACE/ DATE OF BIRTH	PASSPORT #
1.				
2.				
3.				
4.				

ROOM ____				
NAME	ARRIVAL	DEPARTURE	PLACE/ DATE OF BIRTH	PASSPORT #
1.				
2.				
3.				
4.				

ROOM ____				
NAME	ARRIVAL	DEPARTURE	PLACE/ DATE OF BIRTH	PASSPORT #
1.				
2.				
3.				
4.				

ROOM ____				
NAME	ARRIVAL	DEPARTURE	PLACE/ DATE OF BIRTH	PASSPORT #
1.				
2.				
3.				
4.				



**2003 North American International
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**FORM PA
PROGRAM ADVERTISEMENT ORDER FORM**

(Please, use block letters or type)

**Deadline For Return
November 15, 2002**

Program Advertisement Cost:

This program will be 8 ½" by 11" in size.

Full Page (Inside Front Cover)-	\$ 400.00 (USD)
Full Page (Inside Back Cover)-	\$ 315.00 (USD)
Full Page -	\$ 225.00 (USD)
1/2 Page -	\$ 110.00 (USD)
1/4 Page -	\$ 60.00 (USD)
1/8 Page (Business Card) -	\$ 30.00 (USD)

PRICES QUOTED ARE FOR BLACK AND WHITE ONLY.

AD DEADLINE IS NOVEMBER 15, 2002

Name Of Advertiser _____
Address _____
City, State & Zip _____
Phone Number (_____) _____ - _____ Ex. _____
Specify Ad Size _____
Total Enclosed \$ _____

**PLEASE ATTACH ADVERTISING COPY WITH SUBMITTAL
Submissions Received Without Copy Will Be Returned**

**Return to: DMSC / NAISSC - 2003
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**FORM TA
TICKETS ADVANCED ORDER FORM**

(Please, use block letters or type)

**Deadline For Return
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SPECIAL ALL-EVENT PASS 2003 NAISSC

Admissions for the 2003 North American International Synchronized Skating Competition will be \$15.00 per day. A special ALL EVENT PASS, good for both days of the competition, will cost only \$20.00.

Make checks payable to: **DMSC / NAISSC 2003**

Number of ALL EVENT PASSES: _____ X \$20.00 (USD) = _____

Number of DAY PASSES: _____ X \$15.00 (USD) = _____

Return this form and payment to:
DMSC / NAISSC - 2003
C/O Robert Ellwood, MD
P.O. Box 1360
Birmingham, MI 48012
USA

TEAM NAME: _____

TEAM CONTACT PERSON: _____

PHONE: _____ FAX: _____

ADDRESS: _____

IMPORTANT NOTICE:

Each team member, listed on your official roster, will receive a credential for admission to all events.

Each team will be allowed one (1) coaches credential.

Each team will be allowed three (3) chaperone credentials (includes the team manager).

Order carefully – NO REFUNDS OR EXCHANGES

Tickets will be distributed with team registration materials at the registration desk.