

2008 Wonderland of Ice *weSKATE* COMPETITION

March 16, 2008 WONDERLAND OF ICE, BRIDGEPORT, CT

APPLICATION DEADLINE: March 8, 2008

Official Entry Form (please print CLEARLY)

Name: _____ Sex: _____ Age: _____ (as of 3/16/08)

Street Address: _____ Birthdate(MM/DD/YY) _____

City: _____ State: _____ Zip Code: _____ Phone: (____) _____

E-mail Address: _____

ISI # _____ ISI Test Levels as of 3/8/08 (Ask your instructor): _____

<u>SOLO COMPULSORY MOVES</u> <input type="checkbox"/> BASIC ONE <input type="checkbox"/> BASIC TWO <input type="checkbox"/> BASIC THREE <input type="checkbox"/> BASIC FOUR <input type="checkbox"/> BASIC FIVE <input type="checkbox"/> BASIC SIX <input type="checkbox"/> BASIC SEVEN
<input type="checkbox"/> ALPHA <input type="checkbox"/> BETA <input type="checkbox"/> GAMMA <input type="checkbox"/> DELTA

<u>SOLO COMPULSORY MOVES</u> <input type="checkbox"/> Freestyle One <input type="checkbox"/> Freestyle Two <input type="checkbox"/> Freestyle Three <input type="checkbox"/> Freestyle Four
<u>OPEN FREESTYLE</u> <input type="checkbox"/> Level A <input type="checkbox"/> Level B <input type="checkbox"/> Level C <input type="checkbox"/> Level D

<input type="checkbox"/> <u>INTERPRETIVE</u> <input type="checkbox"/> <u>SURPRISE</u>
<u>HOCKEY</u> <input type="checkbox"/> Level One <input type="checkbox"/> Level Two <input type="checkbox"/> Level Three <input type="checkbox"/> Level Four

<u>JUMP & SPIN CHALLENGE</u> <input type="checkbox"/> Beginner <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Advance
<u>DANCE</u> <input type="radio"/> One <input type="radio"/> Two <input type="radio"/> Three

Entry Fees: First Event: \$35; Additional Events: \$15 each **Amount Enclosed:** _____

I fully understand that the Wonderland of Ice, Wonderland Skating School, Wonderland Hockey School, Bridgeport Skating Club and the Ice Skating Institute, assumes no responsibility or liability for injuries and/or loss of property that could occur during this ice skating event. In acceptance of this application, the undersigned hereby waives any claim or course of action which accrue to him or her against the afore mentioned organizations by reason of injuries, or loss and/or damage to property arising from the event. The undersigned therefore, assumes all risk of personal injury and/or loss of property. I have read, understand and accept this statement

Signature of Skater _____

Signature of Parent or Guardian _____ Date _____

I declare that the above information is true, that this skater is skating in the correct categories and levels.

Instructor's name: _____ Signature of Instructor _____
(required)

Please make checks payable to: **WONDERLAND OF ICE**

Mail with entry form to: **WONDERLAND OF ICE** 123 Glenwood Avenue Bridgeport, CT 06610