

PFSC Basic Skills Competition, Sunday February 7th, 2016 @ 10:00am

Name _____ Age _____ Sex _____

Address _____ City _____

State _____ Zip _____ Email Address _____

Area Code/Phone # _____ Birth Date _____

U.S. Figure Skating Number _____ Highest Level Passed _____

Program/Club Affiliation _____

Director's/Instructor's Name _____

Please check the event(s) you are entering:

Basic Elements:

_____ Snowplow Sam

_____ Basic 1

_____ Basic 2

_____ Basic 3

_____ Basic 4

_____ Basic 5

_____ Basic 6

_____ Basic 7

_____ Basic 8

Basic Free Skate Program:

_____ Snowplow Sam

_____ Basic 1

_____ Basic 2

_____ Basic 3

_____ Basic 4

_____ Basic 5

_____ Basic 6

_____ Basic 7

_____ Basic 8

Free Skate Elements/Compulsories:

_____ Free Skate 1

_____ Free Skate 2

_____ Free Skate 3

_____ Free Skate 4

_____ Free Skate 5

_____ Free Skate 6

_____ Beginner

_____ High Beginner

_____ No Test

_____ Pre-preliminary

_____ Preliminary

Test Track Free Skate Program:

_____ Pre-preliminary Test

_____ Preliminary Test

Well Balanced Free Skate Program:

_____ No Test Free Skate

_____ Pre-Preliminary Free Skate

_____ Preliminary free skate

Additional Events:

Include any additional events here.

Specify levels and age groups.

ENTRY FEE IS \$30 PER EVENT, \$10 PER EACH ADDITIONAL EVENT

First Event \$ _____

Additional Event \$ _____

Additional Event \$ _____

If not a current U.S. Figure Skating Basic Skills Member – add \$12

Total: \$ _____

The completed entry form, with fees, must be postmarked no later than January 26th, 2016.

Make check or money order payable to Program **PFSC** and mail to: **PFSC c/o Denise Gillette, 8 Potter Mtn. Road, Pittsfield MA. 01201.** For additional information call: **Denise Gillette (413)-499-7932**
or Email: **Dgillette5519@gmail.com**

ENTRY FEES ARE NOT REFUNDABLE AFTER THE ENTRY DEADLINE UNLESS AN EVENT IS CANCELED.

Certification of Competitor: The Competitor is eligible to enter the events checked. It is agreed that the competitor and family holds **The Pittsfield Figure Skating Club** harmless from any and all liability either during practice or the competition, and from any and all liability for damages to or loss of property.

Parent/Guardian Signature _____ **Date** _____

Competitor Signature _____ **Date** _____

Instructor/Coach Signature _____ **Date** _____

Program Director/Club Officer _____ **Date** _____