

ENTRY FORM FOR
THE BROADMOOR OPEN - A FIGURE SKATING CHAMPIONSHIP
 HOSTED BY: *The Broadmoor Skating Club, Inc.*

Name: _____ Sex: _____ Birthdate: _____ Age: _____
 Address: _____ Home Phone: _____
 City, State, Zip: _____ Email Address: _____
 USFS#: _____ Home Club: _____ Partner's Name(Pr/Dance): _____

Do Not Abbreviate Club Name

Check Events Being Entered:

6.0 EVENTS

<u>No Test</u>	<u>Test Track</u>	<u>PrePreliminary</u>	<u>Preliminary</u>	<u>PreJuvenile</u>	<u>Juvenile</u>	<u>OpenJuvenile</u>	
<input type="checkbox"/> No Test FS	<input type="checkbox"/> PrePreliminary <input type="checkbox"/> Preliminary <input type="checkbox"/> PreJuvenile <input type="checkbox"/> Juvenile <input type="checkbox"/> Intermediate <input type="checkbox"/> Novice <input type="checkbox"/> Junior <input type="checkbox"/> Senior	<input type="checkbox"/> Ltd PrePre FS (No Axels or Doubles) <input type="checkbox"/> Free Skating <input type="checkbox"/> Compulsories <input type="checkbox"/> Spins <input type="checkbox"/> Jumps Artistic: <input type="checkbox"/> Dramatic <input type="checkbox"/> Light	<input type="checkbox"/> Free Skating <input type="checkbox"/> Compulsories <input type="checkbox"/> Spins <input type="checkbox"/> Jumps Artistic: <input type="checkbox"/> Dramatic <input type="checkbox"/> Light	<input type="checkbox"/> Free Skating <input type="checkbox"/> Compulsories <input type="checkbox"/> Spins <input type="checkbox"/> Jumps Artistic: <input type="checkbox"/> Dramatic <input type="checkbox"/> Light <input type="checkbox"/> Pair FS	<input type="checkbox"/> Compulsories <input type="checkbox"/> Ltd Short Program <input type="checkbox"/> Spins <input type="checkbox"/> Jumps Artistic: <input type="checkbox"/> Dramatic <input type="checkbox"/> Light	<input type="checkbox"/> Compulsories <input type="checkbox"/> Ltd Short Program <input type="checkbox"/> Spins <input type="checkbox"/> Jumps Artistic: <input type="checkbox"/> Dramatic <input type="checkbox"/> Light <u>OpenPreJuvenile</u> <input type="checkbox"/> Free Skating <input type="checkbox"/> Compulsories	
<u>Intermediate</u> <input type="checkbox"/> Jumps <input type="checkbox"/> Spins Artistic <input type="checkbox"/> Dramatic <input type="checkbox"/> Light	<u>Novice</u> <input type="checkbox"/> Jumps <input type="checkbox"/> Spins	<u>Junior</u> <input type="checkbox"/> Jumps <input type="checkbox"/> Spins	<u>Senior</u> <input type="checkbox"/> Jumps <input type="checkbox"/> Spins	<u>Competition Record:</u> Highest qualifying competition entered last year: Event: _____ Level Entered: _____ Place: _____			

IJS EVENTS

<u>Juvenile</u>	<u>Open Juvenile</u>	<u>Intermediate</u>	<u>Novice</u>	<u>Junior</u>	<u>Senior</u>	<u>Highest Test Passed:</u>
<input type="checkbox"/> Free Skating <input type="checkbox"/> Short Program <input type="checkbox"/> Pairs FS	<input type="checkbox"/> Free Skating <input type="checkbox"/> Short Program	<input type="checkbox"/> Combined Event <input type="checkbox"/> ShortProgramOnly <input type="checkbox"/> Pairs SP <input type="checkbox"/> Pairs FS	<input type="checkbox"/> Combined Event <input type="checkbox"/> Short Program Only <input type="checkbox"/> Pairs SP <input type="checkbox"/> Pairs FS	<input type="checkbox"/> Combined Event <input type="checkbox"/> ShortProgramOnly <input type="checkbox"/> Pairs SP <input type="checkbox"/> Pairs FS	<input type="checkbox"/> Combined Event <input type="checkbox"/> ShortProgramOnly <input type="checkbox"/> Pairs SP <input type="checkbox"/> Pairs FS	FS _____ Pairs _____ Dance _____
Must Be Postmarked by: April 27, 2018						

Parent or Guardian's Signature

Competitor's Signature

Club Certification:

I have read this

Club Officer or Test Chair

Home Club

Coaches' Certification: I have read this entry form & certify that the skater is eligible to enter the above events.

Coaches' Signature

Coaches' Name (Please Print)

USFS#

Coaches' Phone

Coaches' Email