

Winterland

23rd Annual



Halloween Classic

Saturday & Sunday,

October 24, 25, 2009



Winterland Halloween Classic

October 24, 25, 2009

Tentative Time Schedule Please Post!

Saturday:

8:00am Footwork 1-3
 Solo Comp 1-3
 Interpretive 1-3
 Jump & Spin
 Freestyle 1, 2, 3
 Artistic Solo 1-3
 Stroking, PreA-Delta
 FS PreAlpha, Alpha
 Beta, Gamma, Delta
 Solo Comp PreA/Delta
 Spotlight 1-3
 Spotlight PreA-Delta
 Adults all events

Sunday

Footwork 4-9
 Solo Comp 4-9
 Interpretive 4-9
 Jump & Spin
 Freestyle 4, 5, 6, 7, 8, 9
 Solo Comp 4-9
 Artistic Solo 4-9
 Dance, Couples, Pairs
 Spotlight 4-9
 All other Team Events
*High level tests**

Jump & Spin:

Low Alpha/Delta	2 ft Hop or Bunny Hop 2 foot Spin
Medium FS 1,2,3	1/2 Flip or Toe Loop 2 foot or 1 foot Spin
Intermediate FS 4, 5	1/2 Loop or Axel Sit Spin or Back Spin
High FS 6—10	Dbl Salchow or Dbl Loop Flying Camel or Fly Sit

Stroking:

Pick up numbers at Registration table.
 Please report to ice captain 30 minutes
 before event.

Interpretive

Theme: Halloween

All interpretive events will be on half ice.
 Please report to ice captain 30 minutes
 before event.

Solo Compulsories:

There will be no music. Time limit: 1 minute

Half Ice or Third Ice

Pre-A	Forward Swizzles Back Swizzles Left 1-foot glide
Alpha	Forward Stroking Forward R over L Xovers Snowplow Stop
Beta	Backward Xovers R over L Backward Stroking Right T Stop
Gamma	Right Outside 3 Turn Right Mohawk Sequence Hockey Stop
Delta	Forward OS/IS Edges Bunny Hop Right Inside 3 Turn

Half Ice

FS 1	Forward Arabesque 1/2 Flip 2-Foot Spin
FS 2	Ballet Jump 1/2 Toe Walley 1 Foot Spin
FS 3	Salchow Jump Back OS or IS Pivot Change Foot Spin
FS 4	Flip Jump 1/2 Loop Jump Sit Spin

Full Ice

FS 5	Axel Jump Camel-Sit-Upright Spin Fast Back Scratch Spin
FS 6	Double Salchow Jump Combination Spin Combination
FS 7	Opposite jump (both) Double Toe Loop/Walley Flying Camel
FS 8	Double Flip Double Salchow Combo Flying Sit or Axel Sit
FS 9	Three jump sequence Axel/Double Loop Flying Camel/Jump Sit

Dance 1	4 Chasses/ 4 Progressives
Dance 2	Dutch Waltz
Dance 3	Canasta Tango
Dance 4	Swing Dance
Dance 5	Hickory Hoedown



Annual Halloween Classic

Saturday, October 24, Sunday, October 25, 2009

Location: Rockland Rink, 599 Summer Street, Rockland MA 02370
Endorsed by the Ice Skating Institute No. 1-xxxx-2009



Individual Entry Form

Name _____ Telephone (_____) _____
Address _____ Age as of 10/24/09 _____ Birth Date _____
City, State, Zip _____ ISI Membership # _____ Sex _____

Must be returned by **October 1, 2009**

Skater Email: (print) _____

Private Coach: (print) _____

Skater: Highest ISI FS test passed _____ USFS FS test passed _____
ISI membership and test levels will be verified by national office.

Tentative Schedule Attached
Saturday: All events for 8am/6:30 Pre Alpha thru FS 3, all Adults events Youth Art Solo 1-3 may be on Sunday.
Sunday: All events for 8am/5pm FS 4 & up, & all Teams

Are you an active USFS member who has competed at or above the Novice level at any USFS National Championship within the last two years? Yes _____ No _____

I wish to compete in:

- PreAlpha _____
- Alpha _____
- Beta _____
- Gamma _____
- Delta _____
- Freestyle (1-10) Level _____
- Stroking (PreAlpha-Delta) Level _____
- Art. Solo (FS 1-10) Level _____
- Footwork (FS 1-10) Level _____
- Jump & Spin** Level _____
Low, Med, Int. High
- Solo Comp. (PreA-FS10) Level _____
- Spotlight Level _____
- Family or Cpls Spotlight Level _____
- Couples/Pairs Level _____
- Dance Level _____
- Interp. (FS 1-10) Level _____
- Synchro Team Level _____
- ISI FS 8 or 9 Test Level _____

Partner must also send separate individual entry form.

Couple Partner _____ ISI# _____ Age _____ Sex _____

Pair Partner _____ ISI# _____ Age _____ Sex _____

ENTRY FEES:

- Single Entry \$45.00 (same fee for FS 8 and FS 9 testers)
- Family Entry \$35.00 (each additional family member 1st event)
- Additional Events \$25.00
- Team Events \$15.00 (teams with 6 or more skaters: \$15 per skater)
- Judging Fee* \$_____ Team Coach: Clubs should send the appropriate amount of judges. Otherwise, the skater should add a \$15 judging fee with this form to offset the expenses of substitute judges.

Total Fee Enclosed \$ _____ (There will be no refunds.)

Turn in entry form and check to your Team Coach. All applications and one team check will be forwarded to Winterland by your Team Coach. Coach, make team check payable to Winterland.

I skate at this competition at my own risk for _____ Team and hereby release Winterland, Rockland Rink and staff from all liability.

Signature of Skater _____ Date _____

Parent or Guardian _____ Date _____

I declare the the information above is true, that skater's test/s is/are registered, that skater is a current individual member of ISI, and is skating in the proper categories and levels.

Team Coach _____ Phone _____

Team Coach Email: _____

Home Team Skating Director:

Additional info & forms:

Mail all applications and one check to:

Questions: Email: Katy@Winterlandskatingschool.com

Download from www.Winterlandskatingschool.com

Katy Hayden, 287 Rockland Street, Hingham, MA 02043 (781)740-2255



Annual Halloween Classic

Sat. & Sun., October 24, 25, 2009
 Rockland Rink, 599 Summer Street, Rockland MA 02370
 Endorsed by the Ice Skating Institute No.



Team Entry Form

Please Print Clearly

ISI Team # _____ (for synchronized teams only)

Name of Group _____ Team Representing _____

Rink Address _____ Rink Phone _____

City, State, Zip _____ Coach _____ Phone _____

ENTRY FEES: All Team Events: \$15.00 Total # of Skaters _____ Am't Enclosed _____

Are you an active USFS member who has competed at or above the Novice level at any USFS National Championship within the last two years? _____ Yes _____ No

WE WISH TO ENTER: Age as of July 1st.

- Synchro Formation Compulsories
- Synchronized Formation Team
- Synchro Skating Compulsories
- Synchro Skating Team
- Family Spotlight

Age Category

- Tots (maj. 6 & under)
- Jr. Youth (maj. 8 & under)
- Youth (maj. 9-11 yrs.)
- Sr. Youth (maj. 12-14 yrs.)
- Teen Team (maj. 14-19 yrs.)
- Adult (maj. 20 & older)

NAME	Age as of July 1st	ISI Member #	NAME	Age as of July 1st	ISI Member #
1. _____	_____	_____	17 _____	_____	_____
2. _____	_____	_____	18 _____	_____	_____
3. _____	_____	_____	19 _____	_____	_____
4. _____	_____	_____	20 _____	_____	_____
5. _____	_____	_____	21 _____	_____	_____
6. _____	_____	_____	22 _____	_____	_____
7. _____	_____	_____	23 _____	_____	_____
8. _____	_____	_____	24 _____	_____	_____
9. _____	_____	_____			
10. _____	_____	_____	Crossover Skaters		
11. _____	_____	_____	1 _____	_____	_____
12. _____	_____	_____	2 _____	_____	_____
13. _____	_____	_____	3 _____	_____	_____
14. _____	_____	_____	4 _____	_____	_____
15. _____	_____	_____	5 _____	_____	_____
16. _____	_____	_____	6 _____	_____	_____
			7 _____	_____	_____

I declare that the above information is true and that these skaters have current individual memberships with the ISI and have ISI Synchronize numbers. I have notified team members that they skate at their own risk.

Signature of Coach _____ Telephone _____ Date _____

Send Completed form to: Katy Hayden, 287 Rockland Street, Hingham, Ma. 02043 (781) 740-2255



This form must be included in packet.
Annual Halloween Classic
Judges Registration Form
All judges must have taken the current update test.



Name of ISI Club _____ Email _____

Address _____ City, State, Zip _____
 (For all competition related mailings)

Designated Team Coach _____ Telephone # _____

Judges: Please indicate the highest level you are able to judge. Provide 1 judge for every 10 competitors.

Name _____	Judge Level Gold _____ Silver _____ Bronze _____ Group _____
Address _____	Please indicate the highest levels and events that you <i>coach</i> Freestyle Level _____ Couples/Pairs Level _____ Synchro Teams Level _____ Dance Level _____
Town _____ Zip _____	
Phone (_____) _____	I will be available on _____
E-mail _____	

Name _____	Judge Level Gold _____ Silver _____ Bronze _____ Group _____
Address _____	Please indicate the highest levels and events that you <i>coach</i> Freestyle Level _____ Couples/Pairs Level _____ Synchro Teams Level _____ Dance Level _____
Town _____ Zip _____	
Phone (_____) _____	I will be available on _____
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Name _____	Judge Level Gold _____ Silver _____ Bronze _____ Group _____
Address _____	Please indicate the highest levels and events that you <i>coach</i> Freestyle Level _____ Couples/Pairs Level _____ Synchro Teams Level _____ Dance Level _____
Town _____ Zip _____	
Phone (_____) _____	I will be available on _____
E-mail _____	

I attest that these judges are current ISI Asso. Members, are rated, and will fulfill all assignments throughout the competition, and will attend the judge's meeting.

Team Coach Signature _____ Date _____

Return completed form to: Katy Hayden, 287 Rockland St., Hingham, MA 02043 (781) 740-2255
Email: Katy@Winterlandskatingschool.com



Eligibility Rules & Requirements

Events: All events and tentative times are listed on the individual application and included in this packet. All team requirements are listed on the team application included in this packet.

Tentative Time Schedule: A tentative time schedule is included on the individual application.

Rules: This competition will be run in accordance with the latest rules and requirements as published by the ISI national office. All coaches, judges, and participants should be familiar with the ISI requirements.

*New this year: DVD Test Standards with required elements and sample programs for PreAlpha thru Freestyle 10.

DVD and publications may be ordered by calling ISI at 972 735-8800. For further information, go to www.skateisi.org.

Eligibility: Competition events are open to current ISI members only, up to and including the date of the competition. All competitors must compete at their highest test level passed and all tests must be registered with the ISI National Office at least 30 days prior to the competition date. All competitors must represent a current ISI Administrative Member (rink).

Members of other organizations are eligible and welcome to compete in ISI competitions as long as they are members of ISI and have all their ISI tests passed and registered with the ISI National office. (USFS members should refer to the ISI/USFS Joint Statement of Policy in the ISI and/or USFS rule books. For requirements for the minimum ISI test level in which USFS skaters must compete, see the chart below.

Skaters are expected to compete at their true ability level and to uphold high ethical standards.

If a USFS skater has passed the Freestyle test below:	Skater may compete in ISI no lower than:**
Pre-Preliminary	Freestyle 3
Preliminary	Freestyle 4
Pre-Juvenile	Freestyle 4
Juvenile	Freestyle 5
Intermediate	Freestyle 6
Novice	Freestyle 7
Junior	Freestyle 8
Senior	Freestyle 8
Adult Bronze	Freestyle 3
Adult Silver	Freestyle 4
Adult Gold	Freestyle 5

** These are minimum requirement. USFS Moves in the Field test levels have no bearing on any ISI test levels. USFS adult skaters, age 21 and over, may petition the competition director for permission to compete lower than levels listed above.

Verification: All skaters' test levels and memberships will be verified with the ISI office prior to this competition. The team coach must sign all entry forms to indicate that the information on the forms is correct.

Music: We accept CDs or cassette tapes. Tapes should be rewound and must have a proper label on the correct side of the tape with the skater's name, event, age and home team. Tapes should be handed in one hour before the event. Be sure to have a back up tape or CD on hand during the event.

Awards: Medals for the first five places will be awarded when the results are posted.

Additional Rules: Skaters in Pre-Alpha-Delta may not compete in Figure 1, Freestyle 1, Couple 1, or Pair 1. Skaters are no longer required to have passed the Delta test in order to enter the ice dancing event.

Entry Fees: Skaters should make their checks payable to the home team and the team coach should mail one team check along with all the entry forms and judges forms in a single packet postmarked by the due date.

Directions to Rockland Rink

599 Summer St. Rockland, MA (located off Routes 123 and 139)

From North:

Rt. 128 or 93 South, take Rt. 3 South toward Cape Cod. Off at Exit 14. Go right at end of exit. Go 1.5 miles to end of Hingham Street. Take Right onto Rt. 123 West. Follow Rt. 123 until it merges with Rt. 139. At that point, take a right on Rt. 139 (still Rt. 123). Continue on about a third of a mile. Take Left onto Concord St before Rockland Plaza. At end of Concord Street, you will see driveway into rink parking lot. (Rockland Rink is located about 7 minutes from Exit 14).

From South:

Take Route 3 North to Exit 14. Left at end of exit. Follow directions above.

Hotels:

Hotels are located just off Exit 14 in Rockland, about a 7-minute ride to rink.

Comfort Inn	781 982-1000
Best Western	781 871-5660
Holiday Inn	781 871-0545

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