

# Natick 39<sup>th</sup> Annual ISI Competition



Hosted by:



March 13 - 14, 2010

William L. Chase Arena, Natick

# Eligibility Rules & Requirements

## EVENTS

PreAlpha, Alpha, Beta, Gamma, Delta, Freestyle, Artistic, Couples, Footwork, Interpretive, Jump & Spin, Dance, Solo Compulsories, Synchronized Skating, Synchronized Compulsories, Synchronized Formation, Production, Ensemble, Team Compulsories. (Refer to current ISI publications)

Age groupings will be adjusted to suit the enrollment.

## RULES

The competition will be conducted in accordance with the guidelines set forth in the most recent edition of the ISI Team Competition Standards, and other current ISI publications. Take special note of most recent 2010 rules. For more information go to: [www.skateisi.org](http://www.skateisi.org).

## VERIFICATION

The team coach must sign the entry form to verify that the information contained on the form is true and correct. The information must be accurate and complete. Inaccurate or incomplete forms will be returned.

## ELIGIBILITY

All skaters entering the competition must be current individual members of an administrative member rink and registered at their highest test level with ISI. Skaters may not enter an event at a higher or lower level than their last test passed and registered by the deadline date. Coaches may compete at this competition. If a Professional competes in an individual event, they will not be eligible to judge at this competition, but the Professional may compete in team events and still be eligible to act as a judge in other events.

Members of USFS, who are individual members and registered with the ISI are eligible to compete in accordance with the ISI/USFS Joint Statement of Policy. Skaters are expected to compete at their true ability level and to uphold high ethical standards.

### If a USFS skater has passed the FS test below:

Pre-Preliminary  
Preliminary  
Pre-Juvenile  
Juvenile  
Juvenile  
Novice  
Junior  
Senior  
Adult Bronze  
Adult Silver  
Adult Gold

### Skater may compete in ISI no lower than:

Freestyle 3  
Freestyle 4  
Freestyle 4  
Freestyle 5  
Freestyle 6  
Freestyle 7  
Freestyle 8  
Freestyle 8  
Freestyle 3  
Freestyle 4  
Freestyle 5

## AWARDS

Team events for Production, Team Compulsories and Synchronized teams will receive 25 points for 1st Place; 20 points for 2nd Place; 15 points for 3rd Place; 10 points for 4th Place; and 5 points for 5th Place. In addition, each team entry in these events will receive 5 participation points. All other events will receive 5 points for 1st Place; 4 points for 2nd Place; 3 points for 3rd Place; 2 points for 4th Place; and 1 point for 5th Place. In addition, each competition event entry will receive 1 participation point. Individual awards will be given for the first five places in each event. The team (club) accumulating the most overall team points will be declared the winner. Trophies will be awarded to the 1st, 2nd, and 3rd place teams.

## TENTATIVE TIME SCHEDULE

A tentative time schedule is enclosed with this packet. Please post this schedule prominently at your rink, as it will help your skaters plan their weekend.

## FEES

Skaters should make their checks payable to their home team and the team coach should send one check payable to FMC ICE SPORTS NATICK.

## MUSIC AND REGISTRATION

CDs are required. CD's are to be labeled with the skater's name, team name, event, age group and side to be played. Cd's must be handed in at the Registration Desk one hour before event. No more than one program is to be on a CD and please have a duplicate with you at the arena. Photographs and video tapes may be taken for personal use only. They may not be sold, rented or otherwise used for any commercial of profit making business unless authorized in writing by the Competition Director. Photos may be used on the District 1 website.

Email: [drozon@fmcicesports.com](mailto:drozon@fmcicesports.com)

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**PLEASE  
POST!**



## Tentative Schedule

**Saturday, March 13 (Competition will begin at 9am)**

Freestyle 1-10  
Footwork 1 -10  
Artistic 1 -10  
Ensemble  
Production  
Synchro Events  
Adult Events  
High Level Testing

**Sunday, March 14 (Competition will begin at 12noon)**

PreAlpha - Delta  
Solo Compulsories PreAlpha—Delta  
Special Skaters  
Ice Dancing  
Jump & Spin  
Team Compulsories  
High Level Testing

Schedule subject to change based on entries

## **Ice Dance**

|                              |                         |
|------------------------------|-------------------------|
| Dance 1 Progressive Sequence | Dance 6 Fourteen Step   |
| Dance 2 Dutch Waltz          | Dance 7 American Waltz  |
| Dance 3 Canasta Tango        | Dance 8 Kilian          |
| Dance 4 Cha Cha              | Dance 9 Quickstep       |
| Dance 5 Hickory Hoedown      | Dance 10 Viennese Waltz |

## **Jump & Spin**

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

## **Production Teams**

As stated on page 36 in the ISI Team Competitions Standards, entrances to the ice vary from rink to rink. Please plan your props accordingly. All props must be able to fit thru a 30 inch doorway.

## **Solo Compulsories**

There will be no music. Time limit: 1 minute  
Note: There is no penalty for the number of wiggles, swizzles, strokes or crossovers performed in the Tot-Beta levels. Only the quality of the maneuvers is judged.

### Half Ice

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

### Half Ice

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

### Full Ice

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



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 William L. Chase Arena, Natick MA

Return to  
 office by:

Judging fee:

ISI Endorsement  
 1-1474-2010

**INDIVIDUAL ENTRY FORM**

Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_ Sex \_\_\_\_\_  
 Address \_\_\_\_\_ Age as of 3/13/10 \_\_\_\_\_ Birth Date \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Email address: \_\_\_\_\_  
 ISI Membership # \_\_\_\_\_ Exp Date \_\_\_\_\_ ISI Test Level: Freestyle \_\_\_\_\_ USFS Test Level: Freestyle \_\_\_\_\_

**I WISH TO SIGN UP FOR:**

- Pre Alpha
- Alpha
- Beta
- Gamma
- Delta
- Freestyle (1-10) Level \_\_\_\_\_
- High Freestyle Test Level \_\_\_\_\_
- Special Skater Level \_\_\_\_\_
- Artistic Solo (1-10) Level \_\_\_\_\_
- Footwork (1-10) Level \_\_\_\_\_
- Solo Ice Dance (1-10) Level \_\_\_\_\_
- Ice Dance (Similar/Mixed) Level \_\_\_\_\_
- 2 person Jump & Spin Circle one  
 Low Med Int High
- Solo Comp. Circle one  
 PreA Alpha Beta Gamma Delta

**PARTNER MUST ALSO SEND SEPARATE INDIVIDUAL ENTRY FORM.**

Ice Dance Partner \_\_\_\_\_ ISI# \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Jump & Spin Partner \_\_\_\_\_ ISI# \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

**Entries must be received by February 14, 2010**

- Single Entry \$40.00 (first family member)
- Family Entry \$30.00 (each additional family member)
- Additional Indv.Events \$20.00 each
- Team Events: \$15.00 each
- High FS Test Level \_\_\_\_\_ \$35.00 (enclose District 1 high level test application)
- Judge Fee \$ \_\_\_\_\_
- Total Fee Enclosed \$ \_\_\_\_\_**

**There will be no refunds and no late entries allowed. We reserve the right to limit entries.**

Turn in ENTRY FORM and CHECKS to Team Coach. All applications and one team check will be forwarded to FMC Ice Sports Natick by your Team Coach. Make Team Check payable to FMC Ice Sports Natick.

I skate at this competition at my own risk for \_\_\_\_\_  
 (Name of Team)

**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 \_\_\_\_\_**

**Signature of Skater \_\_\_\_\_ Date \_\_\_\_\_**

**Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_**

I declare the the information above is true, that this 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.

**\* (Coach: Please check this form as no changes will be allowed after form has been received.**

**\*Team Coach \_\_\_\_\_ Phone \_\_\_\_\_**

**Events with three or more skaters  
 must use Team form.**

**Return Team Packet to: Donna Rozon, FMC Ice Sports Natick c/o William L. Chase Arena  
 35 Windsor Avenue Natick, MA 01760 508-655-1013 drozon@fmcicesports.com**



ISI Endorsement  
1-1474-2010

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## Team Entry Form

Please Print 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 per skater Total Number of Skaters \_\_\_\_\_  
 Payable to FMC Ice Sports Natick Total Amount Enclosed \_\_\_\_\_

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

Indicate any team member who has competed at or above the Novice level at any USFS National Championship within the last two years

|   |  |  |
|---|--|--|
| <b>WE WISH TO ENTER:</b>                                | <b>Age as of July 1st.</b>                   | <b>Age Category</b>                                  |
| <input type="checkbox"/> Synchro Formation Compulsories | <input type="checkbox"/> Ensemble            | <input type="checkbox"/> Tots (maj. 6 & under)       |
| <input type="checkbox"/> Synchronized Formation Team    | <input type="checkbox"/> Production*         | <input type="checkbox"/> Jr. Youth (maj. 8 & under)  |
| <input type="checkbox"/> Skating Compulsories           |  | <input type="checkbox"/> Youth (maj. 9-11 yrs.)      |
| <input type="checkbox"/> Synchro Skating Team           | <small>*List names on separate sheet</small> | <input type="checkbox"/> Sr. Youth (maj. 12-14 yrs.) |
| <input type="checkbox"/> Team Compulsories              |  | <input type="checkbox"/> Teen Team (maj. 14-19 yrs.) |
|   |  | <input type="checkbox"/> Adult (maj. 20 & older)     |

| Name | USFS | *Age | ISI # | Name                     | USFS | *Age | ISI # |
|------|------|------|-------|--------------------------|------|------|-------|
| 1    |      |      |       | 17                       |      |      |       |
| 2    |      |      |       | 18                       |      |      |       |
| 3    |      |      |       | 19                       |      |      |       |
| 4    |      |      |       | 20                       |      |      |       |
| 5    |      |      |       | 21                       |      |      |       |
| 6    |      |      |       | 22                       |      |      |       |
| 7    |      |      |       | 23                       |      |      |       |
| 8    |      |      |       | 24                       |      |      |       |
| 9    |      |      |       | <b>Crossover Skaters</b> |      |      |       |
| 10   |      |      |       | 1                        |      |      |       |
| 11   |      |      |       | 2                        |      |      |       |
| 12   |      |      |       | 3                        |      |      |       |
| 13   |      |      |       | 4                        |      |      |       |
| 14   |      |      |       | 5                        |      |      |       |
| 15   |      |      |       | 6                        |      |      |       |
| 16   |      |      |       | 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 and hereby release host facilities, staff, and officials from all liability.

Signature of Coach \_\_\_\_\_ Telephone \_\_\_\_\_ Email \_\_\_\_\_



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## Judges Registration

Please Print

Name of Rink/Team \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

(For all competition related mailings)

Team Coach \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_

**Team Coach: Please provide at least one judge for every 10 events.**

Name \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail \_\_\_\_\_

Judge Level Gold \_\_\_\_\_ Silver \_\_\_\_\_ Bronze \_\_\_\_\_ Group \_\_\_\_\_

I will not be available on \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail \_\_\_\_\_

Judge Level Gold \_\_\_\_\_ Silver \_\_\_\_\_ Bronze \_\_\_\_\_ Group \_\_\_\_\_

I will not be available on \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail \_\_\_\_\_

Judge Level Gold \_\_\_\_\_ Silver \_\_\_\_\_ Bronze \_\_\_\_\_ Group \_\_\_\_\_

I will not be available on \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail \_\_\_\_\_

Judge Level Gold \_\_\_\_\_ Silver \_\_\_\_\_ Bronze \_\_\_\_\_ Group \_\_\_\_\_

I will not be available on \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail \_\_\_\_\_

Judge Level Gold \_\_\_\_\_ Silver \_\_\_\_\_ Bronze \_\_\_\_\_ Group \_\_\_\_\_

I will not be available on \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail \_\_\_\_\_

Judge Level Gold \_\_\_\_\_ Silver \_\_\_\_\_ Bronze \_\_\_\_\_ Group \_\_\_\_\_

I will not be available on \_\_\_\_\_

**Return this form with entry applications. One judge is required for every ten events entered.**



# District Test Application



Skater's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Skater's Home Phone: \_\_\_\_\_ Parent's Daytime Phone: \_\_\_\_\_

Skater's Age: \_\_\_\_\_ D/O/B: \_\_\_\_\_ Email: \_\_\_\_\_

**\*\*District Test Chair must verify information below with National Office prior to test.\*\***

ISI Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Previous Test Passed: \_\_\_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_

Skater's Home Rink: \_\_\_\_\_

Coach's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Check appropriate boxes:

| TEST TO BE TAKEN |                          | LEVEL |                          |
|------------------|--------------------------|-------|--------------------------|
| Freestyle        | <input type="checkbox"/> | 7     | <input type="checkbox"/> |
| Couples          | <input type="checkbox"/> | 8     | <input type="checkbox"/> |
| Pairs            | <input type="checkbox"/> | 9     | <input type="checkbox"/> |
| Ice Dancing      | <input type="checkbox"/> |       |                          |
| Figure           | <input type="checkbox"/> |       |                          |

Partner's Name: \_\_\_\_\_ Test Day Applying for: \_\_\_\_\_

Applications are accepted on a first come, first served basis on ice availability.

Applications must be sent in 30 days prior to test date.

The \$35.00 test fee must accompany this application.

Couples pay a total of \$35.00.

Make checks payable to: \_\_\_\_\_

Mail to: \_\_\_\_\_

Skater's Signature: \_\_\_\_\_ Skater's Signature: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

Coach's Signature: \_\_\_\_\_ Coach's Signature: \_\_\_\_\_

Skating Director Signature: \_\_\_\_\_ Skating Director Signature: \_\_\_\_\_

### TESTING OUTSIDE YOUR DISTRICT

District Test Chair approval is needed if testing outside your District.

I approve \_\_\_\_\_ to test in District \_\_\_\_\_.

Signature of District Test Chair \_\_\_\_\_

## DIRECTIONS TO WILLIAM L. CHASE ARENA, NATICK

From the Mass Pike:

Take Exit 13 (Route 30 East)...At set of lights take a right onto Speen Street.

Follow Speen Street to Pond Street

Take a left onto Pond Street.

Take your 3rd Right (Lakeview) and your 3rd Left (Windsor)

The arena is about 3/4 of a mile on the right...The second entrance is the main entrance.

From Route 128:

Take Route 9 West to Route 27 South.

Follow Route 27 straight through West Natick Square (Intersection of Rt 135 and 27).

About 1 mile from the Natick Square, take a right onto West Street across from Brochu Brothers Nurseries. Follow the signs to the Town of Natick DPW. Take the first left after the football field... this will bring you directly into the arena parking lot.

From Route 95:

Route 95 North...to Route 1 (Sharon)...to Route 27 North.

Follow to Natick (about 20 minutes).

Take your 1st left after the "Entering Natick" sign (West Street).

Take your 1st left after the football field...this will bring you directly into the arena parking lot.

