



**SHOW-ME STATE GAMES**  
**February 27, 28 and March 1, 2009**  
**Hosted By: Metro Edge Figure Skating Club**  
**Webster Groves Ice Arena**  
**Webster Groves, MO 63119**



**INDIVIDUAL ENTRY FORM**

MALE       FEMALE

Last Name	First Name	ISI Member # (Expiration Date)	USFS Member #
Address		Date of Birth	Age as of 2/27/09
City	State	Zip code	Phone # (Day)      Phone # (Night)

Email Address:

INDICATE What size T-shirt you want :  CS     CM     CL     AS     AM     AL     AXL     AXXL

**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

**INDIVIDUAL EVENTS**

<p><b>Pre-Alpha through Delta</b></p> <p><input type="checkbox"/> Free Skate</p> <p><input type="checkbox"/> Stroking</p> <p><input type="checkbox"/> Compulsories</p> <p><input type="checkbox"/> Spotlight</p> <p><input type="checkbox"/> Char.    <input type="checkbox"/> Drama</p> <p><input type="checkbox"/> Light Entertainment</p> <p>Note: Register Family Spotlight under partner events</p> <p><input type="checkbox"/> <b>INDICATE LEVEL Pre-Alpha - Delta</b></p>	<p><b>Freestyle (1-10)</b></p> <p><input type="checkbox"/> Free Skate</p> <p><input type="checkbox"/> Spins</p> <p><input type="checkbox"/> Footwork</p> <p><input type="checkbox"/> Compulsories</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> <b>Rhythmic</b> (Specify)</p> <p><input type="checkbox"/> Ball.    <input type="checkbox"/> Ribbon    <input type="checkbox"/> Hoop</p> <p><input type="checkbox"/> <b>Spotlight</b> (Specify)</p> <p><input type="checkbox"/> Char.    <input type="checkbox"/> Drama</p> <p><input type="checkbox"/> Light Entertainment</p> <p><input type="checkbox"/> <b>INDICATE LEVEL FS1-10</b></p>	<p><b>Solo Dance</b></p> <p><input type="checkbox"/> <b>INDICATE LEVEL (ISI 1-10)</b></p> <hr/> <p><b>Jump &amp; Spin Teams</b></p> <p><input type="checkbox"/> Low (Pre-Alpha-Delta)</p> <p><input type="checkbox"/> Med. (Freestyle 1-3)</p> <p><input type="checkbox"/> Int. (Freestyle 4-5)</p> <p><input type="checkbox"/> High (Freestyle 6-10)</p> <p>Partner Name _____</p> <p>Partner ISI # _____</p>	<p><b>Tots</b></p> <p><input type="checkbox"/> Free Skate Restricted</p> <p><input type="checkbox"/> Compulsories</p> <p><input type="checkbox"/> Spotlight event</p> <p><input type="checkbox"/> <b>INDICATE LEVEL (ISI Tots 1-4)</b></p> <p><b>Entry deadline is February 1, 2009.</b></p> <p>Late fee must accompany late entry.</p> <p>We reserve the right to limit the number of entries and to refuse late entries.</p>
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**PARTNER EVENTS**

	Partner Name	Partner ISI #	Partner age on 2/27/09
<input type="checkbox"/> Dance      Level _____	_____	_____	_____
<input type="checkbox"/> Couple Spotlight Low (Pre-Alpha - Delta)	_____	_____	_____
<input type="checkbox"/> Couple Spotlight Medium (Freestyle 1-4)	_____	_____	_____
<input type="checkbox"/> Couple Spotlight High (Freestyle 5-10)	_____	_____	_____
<input type="checkbox"/> Char. <input type="checkbox"/> Drama. <input type="checkbox"/> Lt. Enter.	_____	_____	_____
<input type="checkbox"/> Family Spotlight	_____	_____	_____

I skate at this competition at my own risk and recognize that such an undertaking involves an element of risk, therefore, we assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify, and agree to hold harmless Show-Me State Games of Missouri, the City of Webster Groves, the Webster Groves Ice Arena and the Metro Edge Figure Skating Club, its agents, employees, officers, the volunteers and ISI and USFS Neither St. Louis County, nor any of the aforementioned shall be held financially responsible for any injury, illness or death incurred as a direct result of this activity.

Skater Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

I declare that the information above is true, that this skater is a current individual member of ISI or USFS whose tests are registered; and that this skater is skating in the proper categories and levels.

Instructor Signature \_\_\_\_\_ Instructor Name (please print) \_\_\_\_\_

**Fees and Payment**

Individual First Event	\$35.00	\$ _____
Family (1st event for 2 skaters)	\$60.00	_____
Additional events _____ @	\$15.00	_____
Late Fee (After 2/1/2009)	\$20.00	_____
<b>Total Enclosed:</b>		\$ _____

Make checks payable to: **METRO EDGE FSC**

Mail to: Show-Me State Games  
c/o Metro Edge FSC  
PO Box 190455  
Webster Groves, MO 63119

Office Use Only: Date Received _____ Amount _____ Ck# _____
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