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| C:\Users\BISC\Dropbox\BISC\Logo\BISC_Logo1j_web_emboss.png | **BASINGSTOKE ICE SKATING CLUB (BISC)**  **IJS OPEN COMPETITION – November 3rd, 4th & 5th 2014** |
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A separate, fully completed entry form is required for each event entered. NISA membership number **MUST** be provided, or entries will not be accepted. Full remittance payable to “**Basingstoke Ice Skating Club”** must accompany all Entry Forms.

Closing date for entries is Monday 6th October 2014. Late and incomplete entries will not be accepted. **No refunds for withdrawals will be given after the closing date.**

Entry Forms must be posted to:

**Mrs. M. Kershaw 2, Seaview Cottage, Monks Lane For Queries - Phone: 01983 754132**

**Freshwater, Isle of Wight, PO40 9SU**  **email: -** [**mk.bisc.open@btinternet.com**](mailto:mk.bisc.open@btinternet.com)

# PERSONAL DETAILS

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: | | | Male/Female: |
| NISA Membership No: *(Must be provided)* | | | Date of Birth: |
| Address: | | | Age at 6th October 2014: |
|  | | | Tel (day): |
|  | | | Tel (evening): |
| Post Code: |  | |  |
| Email: | | | |
| Club: | | | |
| Licenced Coach: | | Coaches Membership No: | |
| Date and venue of field moves seminar attended by coach: | | Date and Venue of IJS seminar attended by coach: | |

## EVENTS ENTERED *(See Technical Requirements)*

|  |  |
| --- | --- |
| Event No: | Event Level: |

## NISA TESTS HELD (*Please indicate the highest standard/level passed.*

|  |  |  |  |
| --- | --- | --- | --- |
| Field Moves: |  | Date: |  |
| Elements: |  | Date: |  |
| Free: |  | Date: |  |
| Competitive Tests: |  | Date: |  |

## ENTRY FEES

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| --- | --- |
| **Entry Fee for Solo Events £45.00**  **Entry Fee for BISC Full Members £40.00** | Cheques to be made payable to Basingstoke Ice Skating Club with Skater’s Name and Event Number on the reverse. One cheque per skater per event. |

## DECLARATION

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| I understand and accept that anti-doping testing may take place during this event. I will make myself available at the time and place advised, if selected. **IMPORTANT IF UNDER 18** – I parent/guardian of above skater under 18 years, agree to give the appointed officials my permission to test the skater entered in the above competition, if so selected am an eligible skater as defined by NISA and agree to abide by the rules of the competition. I agree that the information given can be stored on computer for use of Basingstoke Ice Skating Club in preparing for Open Competitions. | |
| Signature of Skater: | Date: |
| *(If under 18 years of age)*  Signature of Parent/Guardian: | Date: |

## 

I **DO/DO NOT** grant permission for the skater to be videod or photographed during the competition.

Where confirmation of receipt is required, a stamped self addressed envelope should be enclosed with entry form. Information regarding Timetable, Entries, Draw etc. will be posted on the club website –<http://basingstokeiceskatingclub.co.uk> – at the appropriate time**.**

## FOR OFFICIAL USE

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| Date Received: | Cheque | Amount: £ |