

Sharper Edge Skating School's
11th Annual "SKATER'S CUP" MAY 14th-16th, 2010.
Valley Sports Arena, 2320 Main Street/ Rte. 62
West Concord, MA 01742

TENTATIVE TIME SCHEDULE

PLEASE NOTE: Because of rink maintenance, the Competition will be held in Rink 2 only. We reserve the right to adjust this time schedule and cancel any events due to time constraints. We will do our best to keep to this schedule. Friday will be optional.

Saturday

Solo Compulsories (FS 1-5 Half Ice) (FS 6-10 Full Ice)
Freestyle (1-10)
Open Freestyle
Artistic (1-10)
Jump & Spin
Interpretive (1-10) Theme is "Sun N Sand"
Footwork (1-10)
Ice Dance (1-10)

Sunday

Stroking (Half Ice) (Pre-Alpha thru Delta)
Pre-Alpha thru Delta
Solo Compulsories (Half Ice) (Pre-Alpha thru Delta)
Spotlight (Pre-Alpha thru Delta)
Special Skater
Tot (1-4)
Couples/Family Spotlight
Production
Pattern/Kaleidoskate
Synchronized Skating (All)
Ensemble
TC (1-10)
Team Standing/Awards



Please Note: All of the above events include adults.

If time allows, High Freestyle Testing will be available. Please contact Dawn.

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February 1st, 2010

Dear Team Coach,

I would like to invite you and your team to our 11th Annual "SKATER'S CUP". Enclosed please find the information for the competition to be held on Friday, May 14th to Sunday, May 16th in Rink 2. Rink 1 will be under construction during the time of our competition, so I will be using Friday thru Sunday this year. Please Note, Friday will only be used if necessary.

Please post the enclosed Tentative Time Schedule in a prominent location at your rink. Many skaters and parents would like to plan their day and make travel arrangements.

This competition is being run in accordance with the new 2010 ISI Handbook. It is advised that all participating coaches be familiar with these publications which may be obtained from the ISI Office in Dallas. All Skaters must be a current member and be tested through the ISI. PLEASE MAKE SURE TO REVIEW THE NEW RULES EFFECTIVE JANUARY 1st, 2010.

All of the Judges should have a copy of the latest ISI HANDBOOK distributed by the ISI National office (972) 735-8800 or www.skateisi.org.

If you need more information, please call me at (978) 369-0088 or check out our website at www.sharperedgeskating.com.

We look forward to our Competition with great excitement. Please come and share the fun!

Truly Yours,

Dawn R. DiMinico
Competition Director



COMPETITION GUIDELINES
Sharper Edge Skating School's
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◆ **Events:**

Tot 1-4, Pre-Alpha, Alpha, Beta, Gamma, Delta, Freestyle (1-10), Open Freestyle, Special Skater (1-10), Stroking (Pre-Alpha thru Delta), Spotlight (Pre-Alpha thru Delta), Couples Spotlight, Family Spotlight, Footwork (FS 1-10), Jump & Spin, Ice Dance (1-10), Interpretive (1-10), Artistic (FS 1-10), Solo Compulsories (Pre-Alpha-FS 10), Ensemble, Synchronized Skating, Team Compulsories, Pattern, Kaleidoskate and Production.

◆ **Rules:**

The competition will be conducted in accordance with the guidelines set forth in the most recent edition of the ISI Handbook.

PLEASE MAKE SURE TO REVIEW THE NEW RULES EFFECTIVE JANUARY 1st, 2010.

◆ **Verification:**

The Team Coach must sign the entry form (s) to verify that the information is true and correct. Inaccurate or incomplete forms will not be processed.

◆ **Eligibility:**

All Skaters entering the competition must be individual members of and registered with the ISI. All entrants must be registered at their highest test level with the ISI on or before **April 1st, 2010**. Skaters may not enter an event at a higher or lower level than their last test passed and registered prior to April 1st, 2010. Members of the USFS, who are individual members and registered with the ISI are eligible to compete in accordance with the ISI/USFS Joint Statement of Policy.

◆ **Awards:**

All events will receive Team Points. Awards will be given for the first five places in each event: 5 points for First, 4 for Second, 3 for Third, 2 for Fourth, and 1 for Fifth. The team (Synchro, TC, Pattern, Kaleidoskate and Production) points will be 25 points for First, 20 for Second, 15 for Third, 10 for Fourth, and 5 for Fifth. The team (club/schools) accumulating the most points will be declared the winner. Team Trophies will be given out for 1st, 2nd, 3rd, 4th, and 5th place.

◆ **Tentative Time Schedule:**

Due to rink maintenance, only Rink 2 will be used. The Competition is scheduled to run in Rink 2 on Friday from 5PM-9PM and Saturday and Sunday from 7:00AM-9:00PM. If anything changes I will be in contact with you. SESS will only use Friday if necessary.

◆ **Fees:**

Skaters should make their checks payable to their Home Team. The Team Coach should send one Check payable to: Sharper Edge Skating School.

JUDGES' FORMS MUST ACCOMPANY ENTRIES FOR THIS COMPETITION.

◆ **Music and Registration:**

Cassette tapes must have the proper label on the correct side of the tape with the Skater's name, event, age and home team. The tapes must be rewound. The lead-in can not be more than 12 seconds. Only one event can be on each tape. Be sure to have a back-up tape rinkside. Hand in your tapes at registration one hour before your event. Be sure to collect your tapes before you leave the rink. CD's are accepted.

◆ **Video Policy:**

The policy of Sharper Edge is that parents may video only their skater and no one else unless a specific request is granted from the competitor or their parent. **NO FULL FLIGHT VIDEOS ALLOWED.** Pictures, movies and video tapes must be taken for personal use only. They may not be sold, rented or otherwise used for any commercial or profit making business unless authorized in writing by the competition director.

◆ **ENTRY DEADLINE:** APRIL 1st, 2010.

JUDGES' REGISTRATION FORM

Sharper Edge Skating School's
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⇒ Please print clearly

Name of Team/Rink _____ Phone(____) _____ - _____

Address _____ City, State, Zip Code _____

Designated Team Coach: _____ Phone(____) _____ - _____

Please provide one judge for every 10 competitors.

| |
|--------------------------------------|
| Name _____ |
| Address _____ |
| City _____ State ____ Zip Code _____ |
| Phone _____ Rating level _____ |

| | |
|----------------------|----------------------|
| REFEREE _____ | Ice Dance _____ |
| Tot 1-4 _____ | Stroking _____ |
| Pre-Alpha _____ | Spotlight(ALL) _____ |
| Alpha _____ | Special Skater _____ |
| Beta _____ | Interpretive _____ |
| Gamma _____ | Footwork _____ |
| Delta _____ | Solo Comp _____ |
| FS 1-5 _____ | Jump/Spin _____ |
| FS 5-10 _____ | All Teams _____ |
| Open Freestyle _____ | |
| Artistic _____ | |

| |
|--------------------------------------|
| Name _____ |
| Address _____ |
| City _____ State ____ Zip Code _____ |
| Phone _____ Rating level _____ |

| | |
|----------------------|-----------------------|
| REFEREE _____ | Ice Dance _____ |
| Tot 1-4 _____ | Stroking _____ |
| Pre-Alpha _____ | Spotlight (ALL) _____ |
| Alpha _____ | Special Skater _____ |
| Beta _____ | Interpretive _____ |
| Gamma _____ | Footwork _____ |
| Delta _____ | Solo Comp _____ |
| FS 1-5 _____ | Jump/Spin _____ |
| FS 5-10 _____ | All Teams _____ |
| Open Freestyle _____ | |
| Artistic _____ | |

I attest that these judges are current ISI Professional Members and are in good standing with the ISI. They will fulfill all assignments throughout the competition, and will attend the judges meeting. Please note we will make every effort to accommodate your request. Any judge who can't fulfill his/her assignment, must provide a qualified replacement.

Team Coach Signature _____ Date _____

E-mail _____ Phone _____

Please return completed form to Sharper Edge Skating School.

"TRIAL" JUDGE'S REGISTRATION FORM

**Sharper Edge Skating School's
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⇒ Please print clearly

Name of Team/Rink _____ Phone(_____) _____ - _____

Address _____ City, State, Zip Code _____

Designated Team Coach: _____ Phone(_____) _____ - _____

| |
|--------------------------------------|
| Name _____ |
| Address _____ |
| City _____ State ____ Zip Code _____ |
| Phone _____ Rating level _____ |

| | |
|----------------------|----------------------|
| REFEREE _____ | Ice Dance _____ |
| Tot 1-4 _____ | Stroking _____ |
| Pre-Alpha _____ | Spotlight(ALL) _____ |
| Alpha _____ | Special Skater _____ |
| Beta _____ | Interpretive _____ |
| Gamma _____ | Footwork _____ |
| Delta _____ | Solo Comp _____ |
| FS 1-5 _____ | Jump/Spin _____ |
| FS 5-10 _____ | All Teams _____ |
| Open Freestyle _____ | |
| Artistic _____ | |

| |
|--------------------------------------|
| Name _____ |
| Address _____ |
| City _____ State ____ Zip Code _____ |
| Phone _____ Rating level _____ |

| | |
|----------------------|-----------------------|
| REFEREE _____ | Ice Dance _____ |
| Tot 1-4 _____ | Stroking _____ |
| Pre-Alpha _____ | Spotlight (ALL) _____ |
| Alpha _____ | Special Skater _____ |
| Beta _____ | Interpretive _____ |
| Gamma _____ | Footwork _____ |
| Delta _____ | Solo Comp _____ |
| FS 1-5 _____ | Jump/Spin _____ |
| FS 5-10 _____ | All Teams _____ |
| Open Freestyle _____ | |
| Artistic _____ | |

I attest that these judges are current ISI Professional Members and are in good standing with the ISI. They will fulfill all assignments throughout the competition, and will attend the judges' meeting. Please note we will make every effort to accommodate your request. Any judge who can not fulfill his/ her assignment, must provide a qualified replacement.

Team Coach Signature _____ Date _____

E-mail _____ Phone _____

Please return completed form to Sharper Edge Skating School.

TEAM ENTRY FORM
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⇒ Please print clearly.

Name of group _____ Team _____

ISI Team # (Synchronized Teams Only) _____

Team Address _____ Phone _____

City, State, Zip Code _____ Date _____

Contact person _____ Phone _____

COACHES: NEW ISI SYNCHRO RULES ARE MANDATORY AS OF JANUARY

| | |
|--|---|
| <p>Synchronized Skating _____</p> <p>Synchronized Formation _____</p> <p>Small Team (8-14 skaters) _____</p> <p>Large Team (15-32 skaters) _____</p> <p>Team Compulsories (FS 1-10) _____</p> <p>Production _____</p> <p>Ensemble _____</p> <p>Pattern _____</p> | <p>Tots (Majority 6 years or younger) _____</p> <p>Junior Youth (Majority of skaters 8 yrs or younger) _____</p> <p>Youth (Majority of skaters 9-11 yrs) _____</p> <p>Senior Youth (Majority of skaters 12-14 yrs) _____</p> <p>Teen (Majority of skaters 14-19 yrs) _____</p> <p>Adult (Majority of skaters 20-39 yrs) _____</p> <p>Master (Majority of skaters 40+) _____</p> <p>Kaleidoskate _____</p> |
|--|---|

State age as of 07/01/09.

| NAME | AGE | ISI# |
|-----------|------------------------------|-------|
| 1. _____ | 18. _____ | _____ |
| 2. _____ | 19. _____ | _____ |
| 3. _____ | 20. _____ | _____ |
| 4. _____ | 21. _____ | _____ |
| 5. _____ | 22. _____ | _____ |
| 6. _____ | 23. _____ | _____ |
| 7. _____ | 24. _____ | _____ |
| 8. _____ | 25. _____ | _____ |
| 9. _____ | 26. _____ | _____ |
| 10. _____ | 27. _____ | _____ |
| 11. _____ | 28. _____ | _____ |
| 12. _____ | 29. _____ | _____ |
| 13. _____ | 30. _____ | _____ |
| 14. _____ | 31. _____ | _____ |
| 15. _____ | 32. _____ | _____ |
| 16. _____ | Alternates/Crossover Skaters | _____ |
| 17. _____ | 1. _____ | _____ |
| | 2. _____ | _____ |

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 _____

Entry fee \$15.00 per skater. There will be **no** refunds!
 Number of skaters on Team: # _____ Total fee enclosed: \$ _____

I declare the above information is true and these skaters are current ISI members. I have notified the Team members that they will skate at their own risk.

Signature of Team coach _____ Phone _____

E-mail _____

Please return completed form to Sharper Edge Skating School.

