

Sharper Edge Skating School's

20th Annual "SKATER'S CUP" MAY 17th - 19th, 2024

Valley Sports Arena, 2320 Main Street/Rt. 62 West Concord, MA 01742

February 20, 2024

Dear Team Coach,

I would like to invite you and your team to our 20th Annual "SKATER'S CUP". Enclosed please find the information for the competition to be held on Friday, May 17th to Sunday, May 19th in Rink 1 and 2.

This competition is being run in accordance with the 2022 edition of the ISI Handbook. It is advised that all participating coaches be familiar with these publications which may be obtained from the ISI Office in Dallas, TX. All Skaters must be a current member and be tested through the ISI. Events are offered to all ages – Tots through Adults.

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 (978) 369-0088 or check out our website at www.sharperedgeskating.com.

Online registration will be available at:

www.sharperedgeskating.com/sharper-edge-skaters-cup

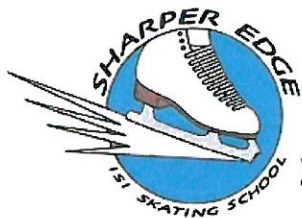
We look forward to our Competition with great excitement. Please come and share the fun!

Truly Yours,

A handwritten signature in blue ink, appearing to read "Dawn R. DiMinico", written over the "Truly Yours," text.

Dawn R. DiMinico & The SESS Staff
Competition Director





COMPETITION GUIDELINES

Sharper Edge Skating School's

20th Annual "SKATER'S CUP" MAY 17th-19th, 2024

Valley Sports Arena, 2320 Main Street/Rt. 62

West Concord, MA 01742

- ◆ **Events:**

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

*****FUN event offered for 2024 - Team Interpretive. See additional sheet for rules. Events are offered to all ages - Tots through Adults.**
- ◆ **Rules:**

The competition will be conducted in accordance with the guidelines set forth in the most recent edition of the ISI Handbook.
- ◆ **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 5th, 2024**. Skaters may not enter an individual event at a higher or lower level than their last test passed and registered prior to April 5th, 2024. 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. Team points for Synchro, TC, Pattern, Kaleidoskate, and Production 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:**

We are expecting to be running the competition all day Saturday and partial days on Friday and Sunday in both rinks.
- ◆ **Fees:**

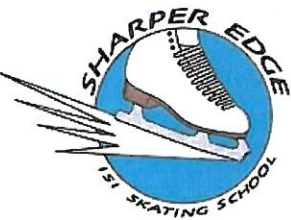
Skaters may either make their checks payable directly to Sharper Edge Skating School or make their check payable to their home club. In that case, the team coach will collect all their skaters' checks and make one check payable to Sharper Edge Skating School. **Payment must accompany the entry form(s).** Judges' forms must also accompany entries for this competition. **Please note: Venmo will be accepted for online registration.**
- ◆ **Music and Registration:**

We will be playing all music digitally from a laptop at the competition. Skaters/teams will submit their music using the google form available at www.sharperedgeskating.com/sharper-edge-skaters-cup

Music must be in an mp3 format. We still encourage skaters/teams to have a backup CD on hand should we experience any technological difficulties, but we anticipate things to run smoothly as we use this system daily here at Sharper Edge.
- ◆ **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 5th, 2024



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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.

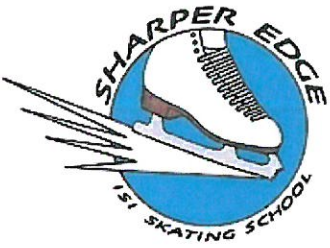
<u>Half Ice</u>		
Pre-Alpha	Forward Swizzles Right 1 ft Glide Backward Swizzles	
Alpha	Forward Stroking Forward L over R Crossovers 1 ft Snowplow Stop	
Beta	Backward Stroking Left Back T-Stop Right Back T-Stop	
Gamma	RFO 3 turn LFO 3 turn Hockey Stop	
Delta	Lunge RFI 3 Turn Bunny Hop	
FS 1	Forward Arabesque Waltz Jump 2 foot spin	
FS 2	1/2 Lutz Dance Step Sequence 1 ft Spin	
FS 3	Toe Loop Jump Salchow Jump Change Foot Spin	
FS 4	Flip Jump 1/2 Loop Jump Sit Spin	
<u>Full Ice</u>		
FS 5	Axel Camel-Sit-Upright Spin Fast Back Scratch Spin	
FS 6	Axel-Half Loop-Flip Jump Split Jump Choice Spin (Cross foot/Layback/Sit-Change-Sit)	
FS 7	2 Walley Jumps in a row 1 Ft Axel-Quarter Flip-Axel Flying Camel	
FS 8	Double Loop Jump Split Lutz Camel jump Camel Spin	
FS 9	Double Lutz Axel-double loop jump combination Opposite Spin	

Interpretive

FS 1-10 Theme: TBA

Jump & Spin

Low Tot-Delta	2 ft Hop OR Bunny Hop 2 ft Spin
Bronze FS 1-3 / Bronze	1/2 Flip OR Toe Loop 2 ft Spin OR 1 ft Spin
Silver FS 4-5 / Silver	1/2 Loop OR Axel Sit Spin OR Back Spin
Gold FS 6-7 / Gold	Double Salchow OR Double Toe Layback OR Flying Camel
Platinum FS 8-10 / Platinum	Double Loop OR Double Lutz Flying Sit OR Camel-Jump-Camel



THIS YEAR!!

Sharper Edge will be offering this fun event again this year!!!

TEAM INTERPRETIVE

Rules and judges criteria are the same as interpretive with the addition of unison. This event is open to groups of 3 to 6 skaters. Teams will receive their music in advance of the event. They have up until the event to work on their routine. **NO help from coaches or parents!** This is supposed to be a fun event to give skaters a chance to work together as well as give them something to do during their free time. The entry fee is \$15.00 per skater.

*** There will be **NO PROPS** allowed for the Team Interpretive event.

*** This event is considered a “created event” for this competition. The event guidelines and judging criteria will not be found in the ISI Handbook.

SKATE MORE!!! HAVE MORE FUN!!!



INDIVIDUAL ENTRY FORM: TOT – DELTA and SPECIAL SKATER

ISI Endorsement No.
38502657

SHARPER EDGE SKATING SCHOOL'S
20TH ANNUAL SKATER'S CUP
MAY 17th - 19th, 2024
ENTRY DEADLINE: APRIL 5th, 2024



Location: VALLEY SPORTS ICE ARENA, 2320 Main Street (Rt. 62), West Concord, MA 01742
SEND ENTRY AND FEE TO: Sharper Edge Skating School, 100 Powdermill Rd - PMB 233, Acton, MA 01720

SKATER'S INFORMATION (Please print clearly)

Name _____ ISI Member # _____ Exp. Date _____ Male Female

Address _____ Birthdate _____ Age on 5/17/24 _____

City _____ State _____ Zip _____ Phone # _____

Home ISI Member Rink _____ Email _____

INDIVIDUAL EVENTS

Highest ISI Test Level _____ Tot – Delta OR Special Skater (1-10)

Solo Program Hockey Skating

Solo Compulsories Hockey Shooting

Stroking **(Alpha thru Delta OR Special Skater ONLY)** Goalie

Solo Spotlight Interpretive

Character Dramatic Light Entertainment

PARTNER EVENTS

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

Couple Spotlight Partner

Name: _____ Low Bronze Silver Gold Platinum

ISI# _____

Character Dramatic Lt. Entertainment

Jump & Spin Partner

Name: _____ Low Bronze Silver Gold Platinum

ISI# _____

Any questions, please contact us at (978)369-0088 or info@sharperedgeskating.com

FEES AND PAYMENTS

Single entry		\$	55.00
Each additional event	\$30.00 x _____ =	\$	_____
Partner event		\$	20.00
Each additional partner event	\$20.00 x _____ =	\$	_____

TOTAL FEE ENCLOSED \$ _____

Please note: **There are no refunds.**

BE SURE TO SIGN HERE!

I skate at this competition at my own risk for _____ and hereby release the host rink and their personnel from all liability.

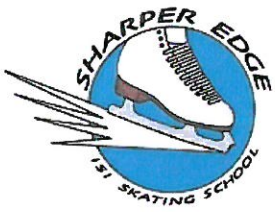
Signature of skater _____ Date _____

Parent or Guardian _____ Date _____

I declare the above information is true, that this skater's test (s) is/are registered. The skater is a current Individual Member of ISI and is skating in the proper categories and levels.

Coach _____ ISI # _____

Email _____



INDIVIDUAL ENTRY FORM: LEVEL 1-10

ISI Endorsement No.
38502657

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20TH ANNUAL SKATER'S CUP
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SEND ENTRY AND FEE TO: Sharper Edge Skating School, 100 Powdermill Rd - PMB 233, Acton, MA 01720

SKATER'S INFORMATION (Please print clearly)

Male Female

Name _____ ISI Member # _____ Exp. Date _____

Address _____ Birthdate _____ Age on 5/17/24 _____

City _____ State _____ Zip _____ Phone # _____

Home ISI Member Rink _____ US Figure Skating Freestyle Test Level _____

Email _____

Are you an active US Figure Skating member who has competed at or above the Novice level at any US Figure Skating Championship with the last two years? Yes No

INDIVIDUAL EVENTS

Highest ISI Freestyle Level _____
FS 1-10 or Bronze-Platinum

Solo Program Open Freestyle

Solo Compulsories Bronze

Solo Spotlight Silver

Character Gold Gold Short

Dramatic Platinum Platinum Short

Light Entertainment Platinum Plus

Footwork Hockey Skating

Interpretive Hockey Shooting

Artistic Goalie

Rhythmic Skating

Ball

Hoop

Ribbon

PARTNER EVENTS

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

Couple/Pair Partner _____
Name: _____ Level (1-10) _____
ISI# _____

Couple Spotlight Partner _____
Name: _____ Bronze Silver Gold Platinum
ISI# _____ (FS1-3) (FS4-5) (FS6-7) (FS8-10)

Character Dramatic Lt. Entertainment

Jump & Spin Partner _____
Name: _____ Bronze Silver Gold Platinum
ISI# _____ (FS1-3) (FS4-5) (FS6-7) (FS8-10)

FEES AND PAYMENTS

Single entry		\$	55.00
		\$	
Each additional event	\$30.00 x _____	=	\$ _____
Partner event		\$	20.00
Each additional partner event	\$20.00 x _____	=	\$ _____
TOTAL FEE ENCLOSED		\$	_____

Please note: **There are no refunds.**

BE SURE TO SIGN HERE!

I skate at this competition at my own risk for _____ and hereby release the host rink and their personnel from all liability.

Signature of skater _____ Date _____

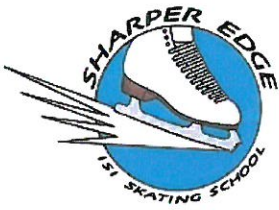
Parent or Guardian _____ Date _____

I declare the above information is true, that this skater's test (s) is/are registered. The skater is a current Individual Member of ISI and is skating in the proper categories and levels.

Coach _____ ISI # _____

Email _____

Any questions, please contact us at (978)369-0088 or info@sharperedgeskating.com



ICE DANCE ENTRY FORM

ISI Endorsement No.
38502657

SHARPER EDGE SKATING SCHOOL'S
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SEND ENTRY AND FEE TO: Sharper Edge Skating School, 100 Powdermill Rd - PMB 233, Acton, MA 01720

SKATER'S INFORMATION (Please print clearly)

Male Female

Name _____ ISI Member # _____ Exp. Date _____

Address _____ Birthdate _____ Age on 5/17/24 _____

City _____ State _____ Zip _____ Phone # _____

Home ISI Member Rink _____ US Figure Skating Dance Test Level _____

Email _____

Are you an active US Figure Skating member who has competed at or above the Novice level at any US Figure Skating Championship with the last two years? Yes No

ICE DANCE EVENTS

OPEN SOLO FREE DANCE (indicate level) _____

Similar Mixed Pro Partner

FREE DANCE Level (1-10) _____

CHOICE DANCES: Choose all your dance entries by marking the boxes below:

	Solo	Similar	Mixed	Pro Partner
DANCE 1				
Chasse Sequence				
Progressive Sequence				
DANCE 2				
Swing Rolls				
Dutch Waltz				
DANCE 3				
Canasta Tango				
Rhythm Blues				
DANCE 4				
Swing Dance				
Cha Cha				
Fiesta Tango				
DANCE 5				
Willow Waltz				
Hickory Hoedown				
Ten Fox				
DANCE 6				
Fourteen Step				
European Waltz				
Foxtrot				
DANCE 7				
American Waltz				
Tango				
Rocker Foxtrot				
DANCE 8				
Blues				
Kilian				
DANCE 9				
Paso Doble				
Quickstep				
Starlight Waltz				
DANCE 10				
Westminster Waltz				
Argentine Tango				
Viennese Waltz				

PARTNER INFORMATION

*** PARTNER MUST ALSO SEND SEPARATE ICE DANCE ENTRY FORM ***

Please circle

Similar Partner _____ ISI# _____ Age _____ M/F

Mixed Partner _____ ISI# _____ Age _____ M/F

Pro Partner _____ ISI# _____ Age _____ M/F

Free Dance Partner _____ ISI# _____ Age _____ M/F

FEES AND PAYMENTS

Single entry (only if first competition event) \$ 55.00

Each additional event \$30.00 x _____ = \$ _____

Partner event \$ 20.00

Each additional partner event \$20.00 x _____ = \$ _____

TOTAL FEE ENCLOSED \$ _____

Please note: **There are no refunds.**

BE SURE TO SIGN HERE!

I skate at this competition at my own risk for

Team name: _____

and hereby release the host rink and their personnel from all liability.

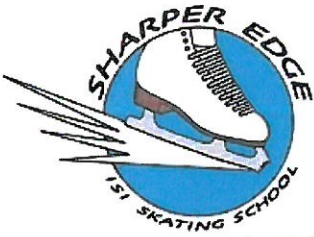
Signature of skater _____ Date _____

Parent or Guardian _____ Date _____

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

Coach _____ ISI # _____

Email _____



TEAM ENTRY FORM

ISI Endorsement No.
38502657

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YOUR INFORMATION (Please print clearly)

Name of Team		Home ISI Member Rink
Coach Name	Coach Professional ISI #	Coach Certification Level
Coach Email	Coach Phone #	ISI Team Registration #

WE WISH TO ENTER : (Important: Use one (1) team entry form per team, per event.)

<input type="checkbox"/> Synchronized Formation Compulsories <input type="checkbox"/> Synchronized Skating Compulsories <input type="checkbox"/> Synchronized Formation Team <input type="checkbox"/> Synchronized Advanced Formation Team <input type="checkbox"/> Synchronized Skating Team <input type="checkbox"/> Synchronized Dance	Age Divisions (Choose one) <input type="checkbox"/> Tot Maj. 6 & under <input type="checkbox"/> Jr. Youth Maj. 8 & under <input type="checkbox"/> Youth Maj. 9-11 yrs. <input type="checkbox"/> Sr. Youth Maj. 12-14 yrs. <input type="checkbox"/> Teen Maj. 14-19 yrs. <input type="checkbox"/> Collegiate Maj. 18-25 yrs. <input type="checkbox"/> Adult Maj. 20-39 yrs. <input type="checkbox"/> Master Maj. 40+ yrs.
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<input type="checkbox"/> Family Spotlight <input type="checkbox"/> Production Team <input type="checkbox"/> Ensemble <input type="checkbox"/> Pattern Team <input type="checkbox"/> Kaleidoskate Team <input type="checkbox"/> Team Compulsories : Level _____ <input type="checkbox"/> Theater Production <input type="checkbox"/> Team Interpretive (3-6 skaters)

TEAM MEMBERS : PLEASE ATTACH TEAM ROSTER WITH REQUIRED INFORMATION OR CLEARLY PRINT INFORMATION BELOW

Name	USFS	Age on 7/1/23 *	ISI #	Name	USFS	Age on 7/1/23 *	ISI #
1.				13.			
2.				14.			
3.				15.			
4.				16.			
5.				17.			
6.				18.			
7.				19.			
8.				20.			
9.				21.			
10.				22.			
11.				23.			
12.				24.			

Use additional sheet for more than 24 skaters.

Check the USFS box for any team member who has competed at or above the Novice level at any US Figure Skating National Championship within the last two years.

*Applies to Synchronized Teams only.

Alternates/Crossover Skaters	USFS	Age on 7/1/23 *	ISI #
1.			
2.			

Any questions, please contact us at (978)369-0088 or info@sharperedgeskating.com

BE SURE TO SIGN HERE!

I declare the above information is true, that these skaters are current Individual members of ISI. I have notified all team members that they will skate at their own risk and hereby release the host rink and their personnel from all liability.

Team Coach _____ ISI # _____
 Email _____

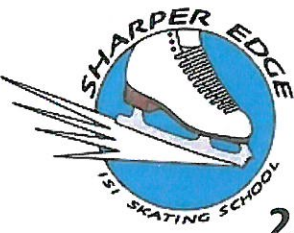
TEAM ENTRY FEES

\$15.00 per skater

Team event entry \$15.00 x _____ = \$ _____
skaters

TOTAL FEE ENCLOSED \$ _____

Please note: **There are no refunds.**



JUDGES REGISTRATION

Sharper Edge Skating School's

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Valley Sports Arena, 2320 Main Street/Rt. 62

West Concord, MA 01742

⇒ Please print clearly

Name of Team/Rink _____ Phone _____

Address _____ City, State, Zip Code _____

Designated Team Coach _____ Phone _____

Please provide one judge for every 10 events entered for your team.

Name _____
Email _____
ISI # _____ Rating level _____

Name _____
Email _____
ISI # _____ Rating level _____

Name _____
Email _____
ISI # _____ Rating level _____

Name _____
Email _____
ISI # _____ Rating level _____

Name _____
Email _____
ISI # _____ Rating level _____

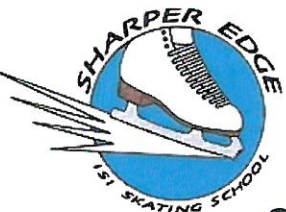
Name _____
Email _____
ISI # _____ Rating level _____

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. Any judge who can't fulfill his/her assignment must provide a qualified replacement and that replacement must be approved by the competition director.

Team Coach Signature _____ Date _____

Email _____ ISI # _____

Please return completed form and return with skaters' entry forms to Sharper Edge Skating School. The information on this form will be used to contact the judges attending the competition so that they may submit their requests for their judging assignments. All judges specified on these forms and whose teams are paid in full will receive an email with the judges schedule to make their requests.



TRIAL JUDGE REGISTRATION FORM

Sharper Edge Skating School's

20th Annual "SKATER'S CUP" MAY 17th - 19th, 2024

Valley Sports Arena, 2320 Main Street/Rt. 62

West Concord, MA 01742

⇒ Please print clearly

Trial Judge's Name _____

Address _____ City _____ State _____ Zip _____

Email _____ ISI # _____

Rating level _____

Please circle the events that you are interested in trial judging:

BRONZE

Tot-Delta
FS 1-3
Open Bronze
Pair/Couple 1-3
Dance 1-3
Stroking
Footwork
Spotlight
Jump & Spin

SILVER

Tot-Delta
FS 1-5
Open Bronze/Silver
Pair/Couple 1-5
Dance 1-5
Stroking
Footwork
Spotlight
Jump & Spin

GOLD

Tot-Delta
FS 1-10
Open Freestyle
Pair/Couple 1-10
Dance 1-10
Stroking
Footwork
Spotlight
Jump & Spin

REFEREE

SYNCHRO

TEAM EVENTS

Name of Team/Rink _____ Phone _____

Address _____ City, State, Zip Code _____

Designated Team Coach _____ Phone _____

I attest that this judge is a current ISI Professional Member and is in good standing with the ISI. He/She will fulfill all assignments throughout the competition, and will attend the judges meeting. Any judge who can't fulfill his/her assignment must provide a qualified replacement and that replacement must be approved by the competition director.

Team Coach Signature _____ Date _____

Email _____ ISI # _____

Please return completed form and return with skaters' entry forms to Sharper Edge Skating School. Requests to trial judge must be received no later than May 12th, 2024.