

# District IV 2009 Championships



## University of Delaware Saturday, April 4th-Sunday, April 5th, 2009

The University of Delaware is proud to be the host of the 2009 ISI District IV Championships. Included are individual and team applications, eligibility rules, hotel information, directions and all other pertinent details. Please feel free to contact the competition director, Angie Cardello at [ud-skating@udel.edu](mailto:ud-skating@udel.edu) or (302) 831.6051 with any questions. We would like to welcome all who are eligible to participate.

**Let's have a great competition!**

### Eligibility

All competitors must be current, individual members of ISI. If you are not a member, you can register at [www.skateisi.org](http://www.skateisi.org). Skaters may not enter an event at a lower or higher level than their last test passed. Members of USFS, who are also individual members of ISI are eligible to compete in the new Open Freestyle events after passing the required Open Freestyle equivalency test listed below.

If the USFS skater has passed the test:	The skater must pass & compete in ISI no lower than:	Open FS Level:
Pre-Preliminary Adult Pre-Bronze Adult Bronze	Freestyle 3	Bronze
Preliminary Pre-Juvenile Adult Silver	Freestyle 4-5	Silver
Juvenile Intermediate Adult Gold	Freestyle 5-6	Gold
Novice Junior Senior	Freestyle 7-10	Platinum

**\*Skaters are expected to compete at their true ability level and to uphold high ethical standards.**

## **Rules**

The competition will be conducted in accordance with the guidelines contained in the most recent edition of the ISI Team Competition Standards. All coaches are responsible to make sure that their competitors are aware of the performance rules as outlined in the Skater's and Coaches Handbook.

Skaters will be grouped together by age and ability level. The competition director will determine age grouping according to the enrollment in the competition.

## **Awards**

Awards will be given to the first 5 places in each event. Team points for Individual, partner and group/team are as follows: 5 points for 1<sup>st</sup> place, 4 points for 2<sup>nd</sup> place, 3 points for 3<sup>rd</sup> place, 2 points for 4<sup>th</sup> place, and 1 point for 5<sup>th</sup> place – plus 1 Participation Point per event entry.

For the following team events – Synchronized teams, Production teams, Team Compulsories, team points are as follows: 25 points for 1<sup>st</sup> place, 20 points for 2<sup>nd</sup> place, 15 points for 3<sup>rd</sup> place, 10 points for 4<sup>th</sup> place, 5 points for 5<sup>th</sup> place – plus 5 Participation Points per event entry.

**A trophy will be awarded at the conclusion of the competition to the top 3 overall teams!**

## **Music and Registration**

We accept CD's and ask that they are turned in at the registration table upon arrival. Registration begins one hour prior to competition start time. Music should be clearly marked with the skater's name, team name, division and age group on the side that is to be played. Please have a second copy of your music with you. You should arrive **at least one hour prior** to the time of your event(s). The University of Delaware staff is not responsible for lost or damaged music or any CD's left at the conclusion of the competition.

## **Vendors**

There will be vendors for Photography, Videography, Sweatshirts and T-Shirts, and Flowers throughout the entire competition. All award ceremonies will be conducted at appropriate times throughout the day. Non-Flash photography and videotaping during the competition is allowed for personal use only. We are also having a used skate and dress sale. If you have items you would like placed, call (302) 831-6051 or email [ud-skating@udel.edu](mailto:ud-skating@udel.edu). Absolutely no items will be accepted without permission from the director **prior** to the competition.

## **Practice Ice**

There will be practice ice available on a first come first served basis. Ice will be available on Friday evening, Saturday and Sunday morning. The price and schedule break down will be sent with the competition schedule.

## **Directions:**

From the South: 1-95 North, go through MD/DE toll, to exit 1 towards Newark/Middletown. Turn left onto Rt. 896 North. At 5<sup>th</sup> light, turn right into the David M. Nelson Athletic Complex, followed by a quick left into the parking lot of the Fred Rust Ice Arena.

From the North: 1-95 South, to exit 1B (Rt. 896 North), towards Newark. At 5<sup>th</sup> light, turn right into the David M. Nelson Athletic Complex, followed by a quick left into the parking lot of the Fred Rust Ice Arena.

Visit: [www.udel.edu](http://www.udel.edu) for more UD info and directions.

## **Judging/Coaches**

Each rink is required to ensure that qualified judges cover their teams' scheduled judging time. Judges must be a Professional Member of the ISI and **MUST BE AN ISI CERTIFIED JUDGE**. If a qualified team representative does not show up for your teams required time, 5 team points will be deducted from your teams total score. At least one judge is needed per every 10 skaters from each rink. If only one judge turns in an inquiry form from your team they will be scheduled for all required team time. Credentials will be distributed at the Judges Meeting on Saturday morning to coaches who are current professional members and are on the schedule for judging. A coach without a credential will NOT be permitted in the "Skater's Only" areas as well as the Judges Hospitality room. **Coaches who elect not to judge will have the option of paying a \$75.00 fee for a coaching credential. Payment is made to ISI District 4.**

# District 4 Championships

## INDIVIDUAL ENTRY FORM

### Skater's Information (please print)

### Coaches Information

Representing (Rink/Team): _____ Name: _____ Address: _____ _____ City, State, Zip: _____ Home Phone:(_____) _____ Work Phone:(_____) _____ Birth Date: _____ Age: _____ Sex: _____ ISI#: _____ Exp Date: _____ Highest USFSA Test Passed: _____ Parent/Guardian: _____ Phone#: _____	Name: _____ Address: _____ City, State, Zip: _____ Home Phone:(_____) _____ Work Phone:(_____) _____ *Email: _____ Rink Fax#:(_____) _____  Coach Certification Level: _____  Signature: _____
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Partner Name: \_\_\_\_\_ Event: \_\_\_\_\_ Age: \_\_\_\_\_ Level: \_\_\_\_\_  
 M/F: \_\_\_\_\_  
 Partner Name: \_\_\_\_\_ Event: \_\_\_\_\_ Age: \_\_\_\_\_ Level: \_\_\_\_\_  
 M/F: \_\_\_\_\_

**\*Competition Schedule will be emailed to skaters and coaches, and faxed to home rink.**

**Please circle the highest level passed as of February 28, 2009 for each event entered.**

Freestyle	Individual Compulsories	Stroking	Interpretive	Rhythmic Skating	Pairs	Footwork	Special Skater	Artistic	Dance
1	1		1	1	1	1	1	1	1
2	2	Alpha	2	2	2	2	2	2	2
3	3	Beta	3	3	3	3	3	3	3
4	4	Gamma	4	4	4	4	4	4	4
5	5	Delta	5	5	5	5	5	5	5
6	6		6	6	6	6	6	6	6
7	7		7	7	7	7	7	7	7
8	8		8	8	8	8	8	8	8
9	9		9	9	9	9	9	9	9
10	10		10	10	10	10	10	10	10

Tots	Pre-Alpha-Delta	Individual Compulsories		Stroking	Interpretive Alpha-Delta	Ice Dancing Solo		Ice Dancing Similar/Mixed		Ice Dancing Pro Partner	
1	Pre-Alpha	Tot 1	Pre-Alpha	Pre-Alpha	Alpha	1	6	1	6	1	6
2	Alpha	Tot 2	Alpha	Alpha	Beta	2	7	2	7	2	7
3	Beta	Tot 3	Beta	Beta	Gamma	3	8	3	8	3	8
4	Gamma	Tot 4	Gamma	Gamma	Delta	4	9	4	9	4	9
	Delta		Delta	Delta		5	10	5	10	5	10

# District 4 Championships

## TEAM ENTRY FORM

### Team Information (please print)

### Coaches Information

Representing (Rink): _____ Name of Team: _____ Rink Address: _____ City, State, _____ Zip: _____ Rink Phone: (_____) _____ Rink Fax: (_____) _____ Team ISI #: _____ (synchro event only) Exp.	Name: _____ _____ Address: _____ City, State, Zip; _____ Home Phone: (_____) _____ Work Phone: (_____) _____ *Email: _____ Signature: _____
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**\*Competition Schedule will be emailed to skaters and coaches, and faxed to home rink.**

### Please check Team Event

### Age Category

<input type="checkbox"/> Synchronized Skating Team     \$50 per team + \$10 per team member <input type="checkbox"/> Synchronized Formation Team     \$50 per team + \$10 per team member <input type="checkbox"/> Production Team     \$50 per team + \$10 per team member <input type="checkbox"/> Production Extravaganza     \$50 per team + \$10 per team member <input type="checkbox"/> Team Compulsory-Level _____ \$20 per team member <input type="checkbox"/> Ensemble Team     \$50 per team + \$10 per team member <input type="checkbox"/> Jump and Spin Team     Circle one- <b>Low</b> <b>Medium</b> <b>Int.</b> <b>High</b> \$20 per skater* <p style="text-align: center; font-size: small;">*Jump and Spin members are to send \$10 per skater if entered in another event and \$20 per skater if ONLY entering this event.</p>	<input type="checkbox"/> Tot (Majority 6 or younger) <input type="checkbox"/> Jr. Youth (Majority 8 & under) <input type="checkbox"/> Youth Team (Majority 9-11) <input type="checkbox"/> Sr. Youth (Majority 12-14) <input type="checkbox"/> Teen Youth (Majority 14-19) <input type="checkbox"/> Adult (Majority 20-39) <input type="checkbox"/> Masters (Majority 40 & up)
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### Skater's Name, Age, DOB, ISI #

### Skater's Name, Age, DOB, ISI#

1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____ 11. _____ 12. _____ 13. _____ 14. _____ 15. _____ 16. _____ 17. _____	18. _____ 19. _____ 20. _____ 21. _____ 22. _____ 23. _____ 24. _____ 25. _____ 26. _____ 27. _____ 28. _____ 29. _____ 30. _____ 31. _____ 32. _____ 33. _____ 34. _____
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Beta	FS-3 FS-8	Character	High-5-10	Two or more family members	Gold
Gamma	FS-4 FS-9	Lt. Ent.			Platinum
Delta	FS-5 FS-10				

Total Team Events:\$\_\_\_\_\_

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## District 4 Championships

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### SIT SPIN & SHOOT-THE-“HEN” COMPETITION

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This year at the District IV Championships we will be offering a sit spin and shoot-the-“hen” competition. “Spinners” will do sit, change sit, change sit, change sit, etc. until one skater is left spinning. “Hen Shooters” will start at one end of the rink and go into the proper shoot-the-duck position at the blue line. Last one to sit on the ice wins! Here at the University Of Delaware we are the Blue Hens, hence the name. The winners will receive a trophy. Skaters who wish to participate in this event should fill out the form below and accompany the individual/team entry forms.

Name:\_\_\_\_\_

Age:\_\_\_\_\_ Level:\_\_\_\_\_

Rink/Team:\_\_\_\_\_

Sit Spin Competition:

Shoot-the-Hen Competition:

Entry Fee: \$10.00 each (include this amount on the entry fee page, as an additional event).

**Postmark completed forms by February 28, 2009 and send to:**

**University of Delaware  
c/o Angie Cardello  
Fred Rust Ice Arena**

547 S. College Avenue  
Newark, DE 19716

**District 4  
CHAMPIONSHIPS  
University of Delaware  
April 4<sup>th</sup> & 5<sup>th</sup> 2009**

**ENTRY FEES**

<b>Office Use Only</b>	
Total Amount Paid:\$	_____
Tender: Cash	Check# _____
CC#:	_____
Exp. Date;	_____
Cashier Initials:	_____
Date:	_____

Tots-Delta events-First Entry	\$45.00	\$ _____
All other categories-First Entry	\$50.00	\$ _____
Family entries-covers First Entry for all family members	\$85.00	\$ _____
Each additional events	# _____ x \$10.00	\$ _____
ISI District 4 Fee (per skater)	\$5.00	\$ _____
Total team events (enter total amount from team entry page)		\$ _____

Credit Card Number: _____	Exp. _____		
Date: _____			
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover	<input type="checkbox"/> American Express

**Make checks payable to: University of Delaware Total Amount:\$ \_\_\_\_\_**

**THERE WILL BE ABSOLUTELY NO REFUNDS**

Late entries will be charged DOUBLE, if accepted.

**Accident/Liability Release**

The University of Delaware, its employees, volunteers, and all others affiliated with the ISI District 4 Championships undertake no responsibility for damages or injuries suffered by skaters or officials, and by signing this form you hold harmless and indemnify all those affiliated with the University of Delaware. As a condition of the acceptance of their entries or participation therein, all entrants, their parents and guardians and officials shall be deemed to agree to assume all risks of injury to their person and property resulting from, caused by, connected with, the conduct and management of the competition, and to waive and release any and all claims against it's employees and officials, and their entries shall be accepted only on such conditions.

**I have read and understand the above:**

Signature of Parent or Guardian (if under 18): \_\_\_\_\_

Signature of Participant: \_\_\_\_\_

## Head Team Coaches Statement

I declare that the information on all application forms are true, that this skater's tests are registered and the skater is a current or pending member of the ISI, and is skating in the proper categories, and levels, and that this skater is skating for a team I represent. I will ensure that my team provides the proper number of judges for this competition.

Head Team Coaches Signature: \_\_\_\_\_

**Applications must be postmarked by February 28, 2009. Mail applications to:** University of Delaware  
c/o Angie Cardello  
Fred Rust Ice Arena  
547 S. College Avenue  
Newark, DE 19716

## Love Notes

Give your skater a special Love Note, which will be printed in the District 4 Championships Competition Program.

Please circle form of payment

Cash    Check    Credit Card (fill out box below)

Love Note                      \$15

Example: Good luck to all skaters  
from the University of Delaware!  
Max: 10 Words (\$1 each additional word)

Credit Card Number: _____
Exp. Date: _____
<input type="checkbox"/> Visa <input type="checkbox"/> Master Card
<input type="checkbox"/> Discover <input type="checkbox"/> American Express
Name on Card: _____
Signature: _____

Love Note: \_\_\_\_\_

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From: \_\_\_\_\_

Rink: \_\_\_\_\_

Total: \$ \_\_\_\_\_ (payable to University of Delaware)

**All Love Notes are to be submitted to Angie Cardello at the University of Delaware by February 28, 2009.**

## Hotel Information

**\*\*Sleep Inn**  
630 S. College Avenue  
Newark, DE 19713  
(302) 453-1700

Courtyard by Marriott  
400 David Hollowell Drive  
Newark, DE 19716  
(302) 737-0900

Howard Johnson Inn & Suites  
1119 S. College Avenue  
Newark, DE 19713  
(302) 368-8521, (800) 688-2776

**\*\*Embassy Suites**

**\*\*Homewood Suites**

**\*\*Preferred Hotels and across the**

654 S. College Avenue  
Newark, DE 19713  
(302) 368-8000

640 S. College Avenue  
Newark, DE 19713  
(302) 453-9700

street from the rink.

**\*\*When making reservations be sure  
to mention you are with the group  
District 4 Ice Skating.**

### **Individual Compulsories**

Please perform the following in any order using no more than 1 minute of time. Tots-Freestyle 4 use 1/2 ice, and Freestyle 5-10 use full ice. Additional maneuvers, such as any jump, spin or gliding maneuver from a test level or any uncaptured moved are not allowed.

Tot 1	Proper way to get up, Marching in standing position, Marching while moving
Tot 2	Two-foot jump in place, Forward swizzle standing still, Single Swizzle
Tot 3	Push and Glide Stroking, Dip, Forward Swizzle
Tot 4	T-Position push, Backward Swizzle, Snowplow stop (one or two foot).
Pre-Alpha	One-foot glide, Forward swizzles, Backward swizzles
Alpha	Forward stroking, Forward L/R crossovers, One-foot snowplow stop
Beta	Backward stroking, Backward R/L crossovers, R T-stop
Gamma	RFO 3-turn, LFI Mohawk combination, Hockey stop
Delta	Four (4) Forward outside edges, LFI 3-turn, Four (4) Forward inside edges
Freestyle 1	Four (4) Backward inside edges, Waltz jump, Two-foot spin
Freestyle 2	Ballet jump, One-half lutz, One-foot spin
Freestyle 3	Salchow, Change foot spin, Dance Step Sequence
Freestyle 4	Flip jump, Loop jump, Sit spin
Freestyle 5	Lutz, Axel, Fast back scratch spin
Freestyle 6	Split jump, Double salchow, Sit change sit spin
Freestyle 7	Double toe loop, Flying camel spin, Jump in opposite direction
Freestyle 8	Double loop, Flying sit spin <i>or</i> Axel sit spin, Illusion
Freestyle 9	Double Lutz, Flying camel into jump sit spin, Axel-double loop jump
Freestyle 10	3 Arabian <i>or</i> Butterfly jumps, Double axel-double toe loop, Death drop

### **Selected Dances**

During warm ups, each dance will be played so that each skater can do at least 3 patterns of each required dance. In all Similar/Mixed events, please remember that both partners must have passed the level they are competing at. Skaters may only enter Ice Dancing events at one particular level, but may enter more than one dance event. For example, you may enter both the Solo and Shadow event at Dance level 3. Each dance must be completed with a T-Stop.

<u>Solo</u>	<u>Similar / Mixed</u>	<u>Pro Partner</u>
Dance 1 Forward Chasse sequence 2/4 rhythm	Dance 1 Forward Progressive sequence 2/4 rhythm	
Dance 2 Dutch Waltz	Dance 2 Forward Swing roll sequence 3/4 rhythm	
Dance 3 Canasta Tango	Dance 3 Canasta Tango	
Dance 4 Cha Cha	Dance 4 Swing Dance	

Dance 5 Hickory Hoedown  
Dance 6 Ten Fox  
Dance 7 Tango  
Dance 8 Paso Doble  
Dance 9 Killian  
Dance 10 Argentine Tango

Dance 5 Willow Waltz  
Dance 6 Foxtrot  
Dance 7 European Waltz  
Dance 8 Quickstep  
Dance 9 Starlight Waltz  
Dance 10 Argentine Tango

## District 4 Championships

# COACH AND JUDGE REGISTRATION FORM

**All coaches who have skaters participating in and ISI competition are obligated to judge as volunteers. Judges forms must be received before the competition schedule will be posted.**

Name: \_\_\_\_\_

Team: \_\_\_\_\_

Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

Judges ISI Membership #: \_\_\_\_\_ Exp: \_\_\_\_\_

Please circle your highest Judges Certification exam passed

None      Bronze      Silver      Gold      Synchro Team

I can judge (circle all that apply):      Dance    Couples    Pairs    Synchro    FS 7-10

Have you ever judged ISI competitions before?      YES      NO

What competitions have you judged recently? \_\_\_\_\_

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Signature of Coach: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Team Coach: \_\_\_\_\_

Date: \_\_\_\_\_

Forms must be postmarked by February 28, 2009.

Visit our website for schedules and updates: [www.udel.edu/icearena](http://www.udel.edu/icearena)

**Mail completed forms to: University of Delaware  
c/o Angie Cardello  
Fred Rust Ice Arena  
547 S. College Avenue  
Newark, DE 19716**

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