



**STATE GAMES OF MID-AMERICA
JEFFERSON CITY, MO
AUGUST 1-3, 2008**



Entry forms must be postmarked on or before June 21, 2008. Test and Entry Deadline is June 21, 2008. Late entries, if accepted, will be charged a \$20.00 late fee. There will be NO REFUNDS!!

Entry forms should be mailed to: **State Games of Mid-America
Attn: Figure Skating
1105 Carrie Franke Dr. Rm. 01
Columbia, MO 65211**

Name _____ Gender _____ Birthdate _____ Age as of 06/21/08 _____
 Address _____ City _____ State _____ Zip _____
 Daytime Phone _____ Nighttime Phone _____ Email _____
 ISI # _____ USFS # _____ Rink Representing _____ Home Club _____
 Partners Name _____ ISI # _____ USFS # _____ Highest Test Passed _____
 Have you competed at the Novice level or higher at any USFS Championship within the last two years? _____
 T-Shirt Size (Please circle one): CM CL AS AM AL

I WISH TO COMPETE IN! (WRITE IN THE LEVEL FOR EACH EVENT):

FREESKATE	FREESKATE RESTRICTED	FREESKATE UNRESTRICTED	SHORT PROGRAM	COMPULSORIES	SOLO DANCE
COUPLES DANCE	FOOTWORK	SPINS	STROKING	SHOWCASE	COUPLES/FAMILY SHOWCASE

I skate at this competition at my own risk and in consideration of the opportunity to participate in this competition I 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 the City of Jefferson City, State Games of Mid-America and its agents, employees, officers, or volunteers, the ISI, and the USFS. Neither the City of Jefferson City, nor any of said persons shall be held financially responsible for any injury, illness, or death incurred as a direct result of this activity.

REGISTRATION FEES:
 First Event (\$60) \$ _____
 # Additional Events _____ x (\$20) \$ _____
 Late Fee (\$20) \$ _____
 Total \$ _____

Make Checks Payable to: State Games of Mid-America

Forms may be faxed with Credit Card Info to: 573-884-4004

Name on Card _____ Type of Card _____
 Credit Card # _____ Exp. Date _____

Signature of parent/guardian (skater, if 18 or older) _____

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

 Instructor Signature
 Instructor email address _____

 Instructor Phone Number