CALIFORNIA STATE GAMES
CHAMPIONSHIPS
MARCH 7th & 8th, 2020

ENTRY FORM

Name: _______________________________ Male ( ) Female ( ) ISI#: _______________
Address: _____________________________ City________________ Zip___________
Phone # _____________________ Birthdate ____________ Age as of March 7th _______
E-mail address____________________

Are you an active USFS member who has competed at or above the Novice level (individual or
synchronized) at any USFS National Championship with the last 2 years? Yes ____ No ____

I wish to enter the following event(s): Please check the appropriate box(s):

( ) Tots level ______ ( ) Spotlight Dramatic level ______
( ) Pre- Alpha ( ) Spotlight Character level ______
( ) Alpha ( ) Spotlight Family level ______
( ) Beta ( ) Open Freestyle level ______
( ) Gamma ( ) Open Artistic level ______
( ) Delta ( ) Footwork level ______
( ) Freestyle level ______ ( ) Solo Compulsories level ______
( ) Solo Compulsories level ______ ( ) Solo Dance level ______
( ) Shoot the Duck level ______ ( ) Special Skater level ______
( ) Interpretive level ______ ( ) Stroking level ______
( ) Artistic level ______ ( ) Artistic level ______
( ) Spotlight Light Ent. level ______

* For all other Open events, please check online registration

* If skating Spotlight Couples or Family Spotlight, please fill in the required information:
Partner’s / Family members Name(s)_________________________ M( ) F( ) Event: Couples( ) Family( )

Register online: at www.calstategames.org Deadline for entries is 2/07/2020
If sending by mail please mail to: San Diego Ice Arena, 11048 Ice Skate Place, San Diego, Ca. 92126  Att: Kerrie Armijo  Make checks payable to: Cal State Games

Competition Director: Kerrie Armijo Email: Skatekerrie@gmail.com

ENTRY FEES:
(Late entries must pay double, if accepted. No refunds will be given after the close of entries)

Single event $65.00 = ______________
Tot levels $55.00 = ______________
Each additional event $27.00 = ______________
Cples/Pairs/Dance (ea. partner) $33.00 = ______________
Total = __________________

Parent’s Signature (If under 18 yrs.) Coach’s Name (Please print) Coach’s Email address Home Rink