

SYDNEY FIGURE SKATING CLUB

**2003 HOLLINS TROPHY
CO-OPERATIVE CUP
CARRS CUP
DANCE CUP**

**CANTERBURY OLYMPIC ICE RINK
PHILLIPS AVENUE
CANTERBURY.
TELEPHONE NO: 97894044
FAX 97894094**

PERMISSION TO VIDEO – APPLICATION FORM

*******VIDEO TAPING OF PRACTICE SESSIONS IS NOT PERMITTED*******

I wish to apply for permission to video the following sections of the 2002 Hollins Trophy, Co-operative Cup, Carrs Cup, Dance Cup Competitions.

I understand that I may use only portable video equipment, and that power outlets at the Canterbury Olympic Ice Rink are not to be used.

If required, I agree to give to the Sydney Figure Skating Club a copy of all or any sections of the Competition I have taped.

Signed: _____ Name: _____ Add
ress: _____

Permission is hereby given to:

Name: _____ to video the requested sections of the
Hollins Trophy, Co-operative Cup, Carrs Cup, Dance Cup.

Signed: _____ Official. Dated: _____

Competition Convenor,
Grace Martin
On behalf of the Sydney Figure Skating Club.

Postal Address: 68 Phillips Street,
Roselands NSW 2196.

**2003 HOLLINS TROPHY
CO-OPERATIVE CUP
CARR'S CUP
DANCE CUP**

ENTRY FORM

EVENT/DIVISION _____

LADIES _____ MEN _____ PAIR _____ DANCE _____

FULL NAME _____

ADDRESS _____

POST CODE _____

STATE OR TERRITORY _____ (Male or Female) TELEPHONE _____

DATE OF BIRTH _____ AGE _____ POA _____

TESTS PAST _____ FREE SKATING _____

PAIRS _____ DANCE _____

ASSOCIATION NO _____ CLUB NO _____

COACHES _____

SHORT PROGRAM/OD **DURATION** _____ **MIN** _____ **SEC** _____

(1ST CUT) Tape/CD No _____ Title _____

Duration _____ Composer _____

Orchestra _____

(2ND CUT) Tape/CD No _____ Title _____

Duration _____ Composer _____

Orchestra _____

(3RD CUT) Tape/CD No _____ Title _____

Duration _____ Composer _____

Orchestra _____

FREE SKATING PROGRAM/FD

DURATION _____ **MIN** _____ **SEC** _____

(1ST CUT) Tape/CD No _____ Title _____

Duration _____ Composer _____

Orchestra _____

(2ND CUT) Tape/CD No _____ Title _____

Duration _____ Composer _____

Orchestra _____

(3RD CUT) Tape/CD No _____ Title _____

Duration _____ Composer _____

Orchestra _____

I agree that the information above is correct and in accordance with the requirements and eligibility rules within the event's announcement.

Signature _____ Date _____

(Parent/Guardian Signature for member under 16 years of age)

Please make cheques or money orders payable to The Sydney Figure Skating Club.
Competition Convenor, Grace Martin, 68 Phillips St., Roselands NSW 2196.

OFFICIAL PRACTICE REQUIRED YES _____ NO _____

AMOUNT ENCLOSED _____