



Synchronized Skating Team Application

Full Name: _____ **DOB:** _____
Last First M.I.

Current Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () _____ **E-mail Address:** _____

Home Club: _____ **Rank as of fall 2009:** Freshman Sophomore Junior Senior Grad

___ **Check here if you are Future Prospective skater** **What year are you considering entering Ohio State?** _____

Accepted at Ohio State (please circle): Yes or Pending **Degree Seeking:** _____

Are you a member of US Figure Skating? YES NO If yes, please list US Figure Skating Number:

Are you a member of the Ice Skating Institute? YES NO If yes, please list ISI number:

Do you have prior synchronized skating team experience? YES NO If yes, please list number of years skated:

USFS Levels: Freestyle: _____ Moves-in-the-Field: _____ Dance: _____

ISI Levels: Freestyle: _____ Dance: _____

o _____ I will be attending the clinic and tryouts on Sunday, September 27, 2009 from 7.00-9:00 pm. - \$30

NOTE: All fees MUST be included with the application to reserve a tryout position. Make checks payable to OSU Figure Skating with 'Synchro' written in the memo line & send to:

OSU Ice Rink
OSU FSC
390 Woody Hayes
Columbus, OH 43210

Visit the OSU FSC booth at the Involvement Fair on the oval of the Ohio State campus Monday, September 21, 2009.

How did you hear about tryouts (please circle one)?

a. flyer b. email c. website d. word of mouth e. other: _____

For Office Purposes Only:

Clinic Number: _____
Attended Tryouts on 9/27/09 _____
Paid in Full: Check number _____