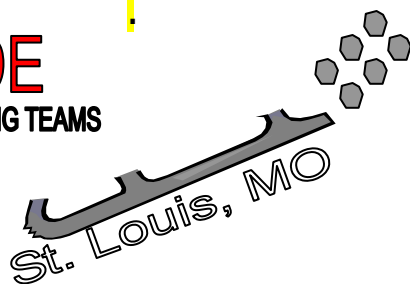


**BLADE  
BRIGADE**  
SYNCHRONIZED SKATING TEAMS



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**6050 Wells Road, St. Louis, MO 63128 (314) 615-5572**

ENTER DATE

Skaters, Coaches, & Rink Managers,

Enclosed you will find the entry forms for the 27th Annual Sweetheart Open Competition held at the Wayne C. Kennedy Recreation Complex in St. Louis, MO on February 17th-19, 2017. Please make this entry form available for your coaches and skaters. You should also be able to download Sweetheart Open entry forms at: **[www.skatebladebrigade.com](http://www.skatebladebrigade.com)**

Entry forms need to be postmarked by Tuesday January 24, 2017.

Please email all your music in either mp3 or .wav format to [Sweetheartopenmusic@yahoo.com](mailto:Sweetheartopenmusic@yahoo.com). Please do this no later than February 1st.

We are excited to show off our new rink and apologize for being unable to host sweetheart last year. We are all very excited and look forward to celebrating with all who attend. See you in February!

If you have any questions please feel free to contact me at [sweetheartopen@yahoo.com](mailto:sweetheartopen@yahoo.com)

Thank you,

Niki Hrebec  
Competition Director  
Kennedy Recreation Complex  
[sweetheartopen@yahoo.com](mailto:sweetheartopen@yahoo.com)



27th ANNUAL SWEETHEART OPEN  
FEBRUARY 17-19, 2017  
WAYNE C. KENNEDY RECREATION COMPLEX  
ISI Endorsement # PENDING



The "Friends of South County Skaters" and the staff of the Wayne C. Kennedy Recreation Complex extend an invitation to you to participate in the 27th Annual Sweetheart Open Competition, February 17-19, 2017 at the Wayne C. Kennedy Recreation Complex, 6050 Wells Road, St. Louis, Missouri.

The competition is endorsed by **ISI Endorsement pending** and is open to all current individual members of the ISI. ISI members who are also members of the USFSA are eligible to compete per the ISI/USFSA joint statement of policy. (For a list of test levels at which USFSA skaters may compete, see the new *2016 Edition of the ISI Handbook*.) Skaters may compete only at their highest test levels passed and registered with the ISI by **January 24<sup>th</sup> 2017**.

The competition is open to skaters of all ages and will consist of the following events: Tots 1-4, Pre-Alpha thru Delta; Freestyle 1-10; Open Freestyle – Bronze-Platinum; Open short program, Solo Compulsories Tots -FS10; Artistic 1-10; Interpretive 1-10; Footwork 1-10; Stroking Pre-Alpha thru Delta; Spotlight Solo and Couple: Character, Dramatic or Light Entertainment; Family Spotlight; Jump and Spin Teams; Team Compulsories; Synchronized Skating Compulsories; Synchronized Formation, Synchronized Skating; Synchronized Dance; Synchronized Open; Collegiate Synchronized Team; Ensemble; Kaliedoskate; Pattern; and Production.

We reserve the right to divide the age groups according to the entries received.

### Entry Forms and Fees

Individual entries are \$45.00 for the first event and \$20.00 for each additional event. Family entries are \$45.00 for the first family members first event with additional events at \$20.00, all other family members are 35.00 for their first event and \$20.00 for each additional event. Team Compulsories, Synchronized Teams, Ensemble, Production Numbers, and Family Spotlight are \$20.00 per skater per event.

Complete all forms in their entirety and verify them with the signature of the team coach or rink manager. Make checks payable to: **FRIENDS OF SOUTH COUNTY**

Submit all entry forms and checks to the team coach who should forward them to:

ISI Sweetheart Open  
Wayne C. Kennedy Recreation Complex  
6050 Wells Road  
St. Louis, MO 63128-4404  
314-615-5572

Entries must be postmarked by **Tuesday January 24, 2017**. All entries postmarked after January 24, 2017 will be charged a \$25.00 late fee and will be accepted at the discretion of the Competition Director. There will be a \$25.00 charge for any returned check. We reserve the right to limit the number of entries and to refuse late entries.

There will be **NO REFUNDS**.

For further information please contact [sweetheartopen@yahoo.com](mailto:sweetheartopen@yahoo.com).

### Competitor Registration

All skaters must register and pick up their Competitor's Packets at the registration table. All competitors should arrive at the rink at least 1 hour before the scheduled time of their event. The schedule of events will be emailed and listed at [www.skatebladebrigade.com](http://www.skatebladebrigade.com). Dressing rooms will be provided for the skaters' convenience.

### Rules

The competition will be conducted in accordance with the guidelines contained in the **2016 ISI Handbook along**. All effective rule changes from the ISI will be upheld.

## Music

Please email all your music in either mp3 or .wav format to [Sweetheartopenmusic@yahoo.com](mailto:Sweetheartopenmusic@yahoo.com). **Please do this no later than February 1st.**

## Facility

The Wayne C. Kennedy Recreation Complex ice rink measures 85'x200', with spectator seating for 600. Dressing rooms are available. A snack bar serving a variety of foods is in the lobby and a variety of restaurants are located within a 10-minute drive of the rink.

## Nearby Accommodations

	6224 Heimos Park Drive St. Louis, MO 63129 (314) 416-7639 <a href="http://www.bestwestern.com">www.bestwestern.com</a>	Hot Breakfast Included Indoor Pool (Newly Renovated)
	3800 State Route 141 Arnold, MO 63010 (636) 287-3111 <a href="http://www.druryhotels.com">www.druryhotels.com</a>	New Hotel Free Hot Quikstart Breakfast Free Kickback 5:30-7:00 pm Free Soda & Popcorn 3:00-10:00 pm Indoor/Outdoor Pool & Hot Tub
	4234 Butler Hill Road St. Louis, MO 63129 (314) 894-0700 <a href="http://www.holidayinn.com/stl-south">www.holidayinn.com/stl-south</a>	Newly Renovated Full Service Restaurant Indoor Pool/Recreation/Arcade Meeting Rooms
	1201 Drury Lane Arnold, MO 63010 (636) 296-9600 <a href="http://www.pear treeinn.com">www.pear treeinn.com</a>	Beer/Wine/Cocktails Continental Breakfast Included Outdoor Pool

## Coaches and Judges Requirements

Each team should provide one judge for every 10 events entered in the competition. Please submit judges' inquiry forms, signed by each judge, with your competitors' entry forms. Coaches will be required to give their time as judges to obtain access to the arena entry area and the hospitality room. All coaches who are not qualified to judge but would like access to the rink side area will be required to pay a fee of \$25. Please be generous with your availability.

## **SOLO COMPULSORY MANEUVERS** (Maneuvers will match those selected for ISI National Events)

Selected maneuvers can be skated in ANY order and additional maneuvers, such as jumps, spins, or gliding maneuvers from a test level or any uncaptured move are not allowed.

NOTE: There is no penalty for the quantity of swizzles, wiggles, strokes or crossovers performed in the Tot-Beta levels. Only the quality of these maneuvers is judged.

### **HALF ICE**

Pre-Alpha	Forward Swizzles / 2-Foot Glide / Backward Wiggles
Alpha	Forward Stroking / Left over Right Crossovers / 1-Foot Snowplow Stop
Beta	Backward Stroking / Left over Right Backward Crossovers / Left T-Stop
Gamma	Left forward Inside Mohawk Combo / Right forward Inside Mohawk Combo / Hockey Stop
Delta	RFI 3-turn / LFI 3-turn/ Bunny hop
FS 1	Waltz Jump / 2-foot spin / Forward Arabesque
FS 2	Dance Step / 1-Foot Spin / 1/2 Lutz Jump
FS 3	Toe Loop Jump / Change Foot Spin / Dance Step
FS 4	Flip Jump / Sit Spin / ½ Loop Jump
FS 5	Camel Spin / Axel / Back Spin

### **FULL ICE**

FS 6	Double Salchow / Choice spin (Cross-foot/Layback/Sit-Change-Sit) / Split Falling Leaf
FS 7	Two Walley Jumps / Flying Camel Spin / Double Toe Loop Jump
FS 8	Double Flip/ Flying Sit/ Split Lutz
FS 9	Double Lutz Jump / Flying Camel into Jump Sit Spin / Axel-Double Loop Jump Combination
FS 10	Double Axel-Double Toe Loop Jump Combination / Death Drop / Three Arabian Cartwheel or Butterfly Jumps

## **JUMP AND SPIN TEAMS**

Skaters #1 performs their choice of required jump listed below two times. Skater #2 begins and performs their choice of required spin below two times.

Low	Tot to Delta	2-Foot Hop or Bunny Hop Jump & 2-Foot Spin
Bronze	Freestyle 1-3	½ Flip or Toe Loop Jump & 2-Foot or 1-Foot Spin
Silver	Freestyle 4-5	½ Loop or Axel Jump & Sit Spin or Back Spin
Gold	Freestyle 6-7	Dbl. Salchow or Dbl. Loop & Flying Camel or Flying Sit
Platinum	Freestyle 8-10	Dbl. Loop or Dbl. Lutz & Flying Sit or Camel-Jump-Camel

**YOUR INFORMATION (Please Print)**

Last Name	First Name	ISI Member #	Exp. Date	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address		Birthdate (MM/DD/YY) Age as of 1/13/2017		
City	State	Zip Code	Phone Number	
Email Address		Name of Home Rink		
Are you an active USFS member who has competed at or above the Novice level at any USFS National Championship within the last two years? <input type="checkbox"/> Yes <input type="checkbox"/> No				
ISI LEVEL _____				

INDIVIDUAL EVENTS			PARTNER EVENTS
<b>TOTS (1-4)</b> <input type="checkbox"/> Solo <input type="checkbox"/> Solo Compulsories <input type="checkbox"/> Spotlight (✓ one below) <input type="checkbox"/> Character <input type="checkbox"/> Drama <input type="checkbox"/> Light Entertainment LEVEL _____	<b>FREESTYLE (1-10)</b> <input type="checkbox"/> Solo <input type="checkbox"/> Footwork <input type="checkbox"/> Interpretive <input type="checkbox"/> Artistic <input type="checkbox"/> Solo Compulsories <input type="checkbox"/> Rhythmic (✓ one below) <input type="checkbox"/> Ball <input type="checkbox"/> Ribbon <input type="checkbox"/> Hoop <input type="checkbox"/> Spotlight (✓ one below) <input type="checkbox"/> Character <input type="checkbox"/> Drama <input type="checkbox"/> Light Entertainment <b>INDICATE LEVEL: (1-10)</b> LEVEL _____	<b>OPEN FREESTYLE</b> <input type="checkbox"/> Solo <input type="checkbox"/> Short (✓ one below) <input type="checkbox"/> Gold <input type="checkbox"/> Platinum <input type="checkbox"/> Footwork <input type="checkbox"/> Interpretive <input type="checkbox"/> Artistic <input type="checkbox"/> Rhythmic (✓ one below) <input type="checkbox"/> Ball <input type="checkbox"/> Ribbon <input type="checkbox"/> Hoop <input type="checkbox"/> Spotlight (✓ one below) <input type="checkbox"/> Character <input type="checkbox"/> Drama <input type="checkbox"/> Light Entertainment <b>INDICATE LEVEL: (1-10)</b> <input type="checkbox"/> Bronze <input type="checkbox"/> Silver <input type="checkbox"/> Gold <input type="checkbox"/> Platinum	<b>COUPLES SPOTLIGHT</b> <input type="checkbox"/> Low (Tot – Delta) <input type="checkbox"/> Bronze (FS1-3) <input type="checkbox"/> Silver (FS4-5) <input type="checkbox"/> Gold (FS6-7) <input type="checkbox"/> Platinum (FS8-10) Partner Name _____ Partner ISI # _____ Age _____ (Partner must turn in separate entry fee/form)
<b>PRE-ALPHA - DELTA</b> <input type="checkbox"/> Solo <input type="checkbox"/> Solo Compulsories <input type="checkbox"/> Stroking <input type="checkbox"/> Spotlight (✓ one below) <input type="checkbox"/> Character <input type="checkbox"/> Drama <input type="checkbox"/> Light Entertainment LEVEL _____	<b>JUMP AND SPIN</b> <input type="checkbox"/> Low (Tot – Delta) <input type="checkbox"/> Bronze (FS1-3) <input type="checkbox"/> Silver (FS4-5) <input type="checkbox"/> Gold (FS6-7) <input type="checkbox"/> Platinum (FS8-10) Partner Name _____ Partner ISI # _____ Age _____ (Partner must turn in separate entry fee/form)		

**DEADLINE: January 24, 2017 – Late fee must accompany late entry – NO REFUNDS**

SIGNATURES / COACH INFORMATION	FEES AND PAYMENT															
<p>I skate at this competition at my own risk and 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 St. Louis County, its agents, employees or volunteers, and the Friends of South County Skaters. Neither St. Louis County, nor any of the aforementioned shall be held financially responsible for any injury, illness or death incurred as a direct result of this activity.</p> <p>Skater Signature _____ Date _____</p> <p>Parent/Guardian (if applicable) _____ Date _____</p> <p>I declare that the information above is true, that this skater is a current individual member of ISI whose tests are registered; and that this skater is skating in the proper categories and levels.</p> <p>Coach Name (Please Print) _____ Email Address _____</p> <p>Certification Level _____ Professional ISI# _____ Attending _____</p>	<table> <tr> <td>Individual First Event</td> <td>\$45.00</td> <td>\$ _____</td> </tr> <tr> <td>Additional Family Member 1st Event</td> <td>\$35.00</td> <td>_____</td> </tr> <tr> <td>Additional Event</td> <td>\$20.00</td> <td>_____</td> </tr> <tr> <td>Late Fee (After 01/24/2017)</td> <td>\$25.00</td> <td>_____</td> </tr> <tr> <td><b>Total Enclosed</b></td> <td></td> <td>\$ _____</td> </tr> </table> <p>*\$25.00 fee will be charged for returned checks</p> <p><b>*** ENTRY DEADLINE IS JANUARY 24, 2017 ***</b></p> <p><b>Late fee must accompany late entry. NO REFUNDS.</b></p> <p><b>Make checks payable to: FRIENDS OF SOUTH COUNTY</b></p> <p><b>ISI Sweetheart Open</b>  <b>Wayne C. Kennedy Recreation Complex</b>  <b>6050 Wells Rd.</b>  <b>St. Louis, Mo, 63128-4404</b>  <b>(314) 615-5572</b></p> <p>Mail to:</p> <p><b>Office Use Only</b></p> <p>Date Received _____ Amount _____ Ck# _____</p>	Individual First Event	\$45.00	\$ _____	Additional Family Member 1st Event	\$35.00	_____	Additional Event	\$20.00	_____	Late Fee (After 01/24/2017)	\$25.00	_____	<b>Total Enclosed</b>		\$ _____
Individual First Event	\$45.00	\$ _____														
Additional Family Member 1st Event	\$35.00	_____														
Additional Event	\$20.00	_____														
Late Fee (After 01/24/2017)	\$25.00	_____														
<b>Total Enclosed</b>		\$ _____														



**27th ANNUAL SWEETHEART OPEN**  
FEBRUARY 17-19, 2017  
WAYNE C. KENNEDY RECREATION COMPLEX  
DEADLINE: January 24, 2017  
ISI Endorsement PENDING



TEAM INFORMATION (Please Print)			Is the Coach attending this event? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Team			Name of Rink		
Coach Name			Coach ISI #		
Coach Phone #			Coach Certification Level		
Team ISI #			Coach Email Address		
List Other Coaches					
ENTRY FEE: (\$20 per skater) \$ _____ Make checks payable to: FRIENDS OF SOUTH COUNTY					
<b>WE WANT TO ENTER: (Please use ONE team entry form per team, per event)</b>					
<input type="checkbox"/> Synchronized Formation Compulsories <input type="checkbox"/> Synchronized Formation <input type="checkbox"/> Synchronized Advanced Formation <input type="checkbox"/> Synchronized Skating <input type="checkbox"/> Synchronized Skating Open <input type="checkbox"/> Synchronized Skating Compulsories <input type="checkbox"/> Synchronized Dance		<input type="checkbox"/> Team Compulsories _____ (Level, FS1-10) <input type="checkbox"/> Production (\$20 per skater; Max \$480) <input type="checkbox"/> Ensemble (3-7 skaters, \$20 per skater) <input type="checkbox"/> Kaleidoskate <input type="checkbox"/> Family Spotlight (\$20 per skater) <input type="checkbox"/> Freestyle Synchro _____ (Level, FS1-10)		<b>Age Category</b> <input type="checkbox"/> Tot <input type="checkbox"/> Teen <input type="checkbox"/> Junior Youth <input type="checkbox"/> Collegiate <input type="checkbox"/> Youth <input type="checkbox"/> Adult <input type="checkbox"/> Senior Youth <input type="checkbox"/> Master	
DEADLINE: January 17, 2017 – Late fee must accompany late entry – NO REFUNDS					
Name		Age	ISI #	Name	
1.				13.	
2.				14.	
3.				15.	
4.				16.	
5.				17.	
6.				18.	
7.				19.	
8.				20.	
9.				21.	
10.				22.	
11.				23.	
12.				24.	
*** Please list crossover skaters on separate sheet or on back ***					
SIGNATURE / COACH INFORMATION			TEAM ENTRY FEES AND PAYMENT		
I declare that the information above is true; that these skaters have current individual memberships with the ISI and are skating in the proper category; and I have notified all team members that they skate at their own risk, and hereby release Friends of South County Skaters, St. Louis County, and their personnel & volunteers from all liability.  _____ Signature of Team Coach Date			\$20 per skater Total skaters X \$20 = _____		
			Late Fee (After 01/24/2017) \$25.00 _____		
			Total Enclosed = _____		
			* \$25.00 fee will be charged for returned checks Make checks payable to: FRIENDS OF SOUTH COUNTY		
			<b>Office Use Only</b>		
			Date Received _____ Amount _____ Ck# _____		



**27th ANNUAL SWEETHEART OPEN  
FEBRUARY 17-19, 2017  
WAYNE C. KENNEDY RECREATION COMPLEX  
ISI Endorsement PENDING**



## COACHES & JUDGES INQUIRY FORM

Please fill out this form and mail to: ISI Sweetheart Open, Wayne C. Kennedy Recreation Complex, 6050 Wells Road, St. Louis, MO 63128.  
or email to [sweetheartopen@yahoo.com](mailto:sweetheartopen@yahoo.com)

### RINK INFORMATION (Please print)

Name of Rink

Skating Director

Rink Phone #

E-mail

### COACH INFORMATION

Please list below all coaches who will be attending the event. Coaches who are not yet certified can test online at [www.skateisi.com](http://www.skateisi.com). Coaches who are choosing to not be current, certified members with ISI will be required to make a \$25 donation to the FRIENDS OF SOUTH COUNTY. Please update your membership and certifications.

1.) **Coach Name** **Professional ISI #** **E-mail** **Phone #**

Please check all divisions in which this coach is qualified to judge:

☐ Alpha – Delta ☐ FS 1-5 ☐ Freestyle 6+ ☐ Footwork ☐ Dance ☐ Music Inter. ☐ Team Comp. ☐ Synchro Team

Certification Levels: ☐ Bronze ☐ Silver ☐ Gold ☐ Synchro Is this coach attending the competition? ☐ Yes ☐ No

Please list dates & times available for judging: \_\_\_\_\_

2.) **Coach Name** **Professional ISI #** **E-mail** **Phone #**

Please check all divisions in which this coach is qualified to judge:

☐ Alpha – Delta ☐ FS 1-5 ☐ Freestyle 6+ ☐ Footwork ☐ Dance ☐ Music Inter. ☐ Team Comp. ☐ Synchro Team

Certification Levels: ☐ Bronze ☐ Silver ☐ Gold ☐ Synchro Is this coach attending the competition? ☐ Yes ☐ No

Please list dates & times available for judging: \_\_\_\_\_

3.) **Coach Name** **Professional ISI #** **E-mail** **Phone #**

Please check all divisions in which this coach is qualified to judge:

☐ Alpha – Delta ☐ FS 1-5 ☐ Freestyle 6+ ☐ Footwork ☐ Dance ☐ Music Inter. ☐ Team Comp. ☐ Synchro Team

Certification Levels: ☐ Bronze ☐ Silver ☐ Gold ☐ Synchro Is this coach attending the competition? ☐ Yes ☐ No

Please list dates & times available for judging: \_\_\_\_\_

### HEAD COACH & SKATING DIRECTOR'S SIGNATURE

I declare that the information above is true; that these coaches have current professional memberships with the ISI and are current with their certifications. I have notified all team coaches that their skaters skate at their own risk, and hereby release Friends of South County Skaters, St. Louis County, and their personnel & volunteers from all liability.

Skating Director: Please ensure that all coaches have taken the necessary steps to obtain ISI membership & Judges Certification. If a coach should choose to not be current with ISI and they wish to be by the ice with their skaters, the coach must make a \$25 donation to the FRIENDS OF SOUTH COUNTY. I declare that the information above is true, that all coaches are current professional members of ISI through the date of the event, that the certification levels are correct, and that the home rink listed is correct and a current administrative member of ISI.

Head Coach Signature

Date

Skating Director Signature

Date

# Send a Message

Want to send your skater a special message? Purchase an ad for the program. Please send in this sheet along with your competition entry form.

**\$10.00 per ad**

**Skate Great!**  
**Name**

Short  
Message  
Here



Name\_\_\_\_\_

Short Message\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name  
**Good Luck!**



Short message  
here

Name\_\_\_\_\_

Short message\_\_\_\_\_

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**skate Gr8**



Name  
Short message  
here

Name\_\_\_\_\_

Short message\_\_\_\_\_

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**You're a Star**



**Good Luck**  
**Name**

Short message  
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We ♥  
You!

Short message  
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Name\_\_\_\_\_

Short message\_\_\_\_\_

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Short message  
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Name\_\_\_\_\_

Short message\_\_\_\_\_

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Skater Name\_\_\_\_\_

Rink\_\_\_\_\_

Number of total ads\_\_\_\_\_

Email\_\_\_\_\_

Total \$\_\_\_\_\_

Actual print size is subject to change. We will do our best to accommodate all messages but they may need to be shortened.