Chairperson – Yvonne Lambert-Smith Secretary – Janine Price Email: artistic.secretary@gmail.co.nz



SENIOR WORLD CHAMPIONSHIPS 2019

NAME:			
AGE:	DATE OF BIRTH:	E MAIL:	
ADDRES	SS:		
PHONE	:	MOBILE:	
Medal 1	Tests Held: Figures	Freeskating	Dance Pairs
	Solo Dance	Inline	
I/We w	ish to be considered for no	mination for the followin	g positions:
SENIOR	FIGURES LADIES/MENS	SENIOR F	REESKATING LADIES/MENS
WORLD	INLINE LADIES/MENS		
SENIOR	DANCE PAIRS	SENIOR S	OLO DANCE LADIES/MENS
1. 1 2.	of the NZFRS, the NZ Artistic Spor I will attend team training as requ	rts Committee and appointed o uired and understand that my t	raining and attitudes will be assessed at each
3. I	I agree to pay any deposit toward I will abide by all travel, accommo	ds team training equalisation co odation and team uniform requ	ion, if standards are not maintained. sts as and when required. irements made by team officials. may be required by team management or
	the NZ Artistic Sports Committee		
		(SKATER) PARENT	
	TION FEE: \$200		

Applications should be accompanied by nomination fee and sent to the Treasurer at joan.blackler@xtra.co.nz Closing date: 20 March 2019







Chairperson – Yvonne Lambert-Smith Secretary – Janine Price Email: artistic.secretary@gmail.co.nz



JUNIOR WORLD CHAMPIONSHIPS 2019

Junior – 12 years of age and not yet 19 years of age as at 1 January 2019 NAME: _____ AGE: _____ DATE OF BIRTH: _____ E MAIL: ____ PHONE: _____ MOBILE ____ Medal Tests Held: Figures _____ Freeskating _____ Dance Pairs _____ Solo Dance _____ I/We wish to be considered for nomination for the following positions: JUNIOR FIGURES LADIES/MENS JUNIOR FREESKATING LADIES/MENS JUNIOR SOLO DANCE LADIES/MENS JUNIOR DANCE PAIRS I agree and certify to the following: I understand that I would be under the complete jurisdiction of the NZFRS and will abide by the rules/policies of the NZFRS, the NZ Artistic Sports Committee and appointed officials. 2. I will attend team training as required and understand that my training and attitudes will be assessed at each and any team training and that I may be removed from nomination, if standards are not maintained. 3. I agree to pay any deposit towards team training equalisation costs as and when required. 4. I will abide by all travel, accommodation and team uniform requirements made by team officials. 5. I will undergo at my own cost any physical fitness assessment as may be required by team management or the NZ Artistic Sports Committee. SIGNED: _____ (SKATER) PARENT _____ NOMINATION FEE: \$200

Applications should be accompanied by nomination fee and sent to the Treasurer at joan.blackler@xtra.co.nz Closing date: 20 March 2019







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NOMINATION FORM PRECISION/SHOW TEAMS WORLD CHAMPIONSHIPS 2019

Skaters must be 12 years of age as at 1 January 2019

Team Name:	PRECISION / QUARTETS SHOW (small) / SHOW (large)	
Team List		
TEAM MEMBER (Please print clearly)		
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

One Team list should be accompanied by an individual nomination form for each team member along with the \$200 nomination fee per skater in the team.

Applications should be accompanied by nomination fee and sent to the Treasurer at joan.blackler@xtra.co.nz Closing date: 20 March 2019







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NOMINATION FORM PRECISION/SHOW TEAMS WORLD CHAMPIONSHIPS 2019

Skaters must be 12 years of age as at 1 January 2019

NAME	E: TEAM NAME:	
AGE: _	DATE OF BIRTH:	
ADDRI	RESS:	
PHON	IE:EMAIL:	
Medal	l Tests Held:	
Figure	es Freeskating Dance Pairs Solo Dance	
Freesk	kating Pairs Inline Precision (Team)	
Precisi	sion (Mini)	
I wish	to be considered for nomination for the following positions:	
PRECIS	SION QUARTETS	
SMALL	L SHOW GROUP LARGE SHOW GROUP	
1 agree an 1. 2. 3. 4. 5.	I understand that I would be under the complete jurisdiction of the NZFRS and will abide by the rules/policies of the NZFRS, the NZ Artistic Sports Committee and appointed officials. I will attend team training as required and understand that my training and attitudes will be assessed at each and any team trainin that I may be removed from nomination, if standards are not maintained. I agree to pay any deposit towards team training equalisation costs as and when required. I will abide by all travel, accommodation and team uniform requirements made by team officials. I will undergo at my own cost any physical fitness assessment as may be required by team management or the NZ Artistic Sports Committee.	
SIGNED:	: (SKATER) PARENT	
DATE: _		
NOMINA	ATION FEE: \$200	
Annlica	ations should be accompanied by nomination fee and sent to the Treasurer at ioan blackler@ytra.co.nz	

Applications should be accompanied by nomination fee and sent to the Treasurer at joan.blackler@xtra.co.n. Closing date: 20 March 2019





