

ARTISTIC ROLLER SPORTS COMMITTEE

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



NOMINATION FORM
SENIOR ARTISTIC TEAM - OCEANIA CHAMPIONSHIPS
2019

Athletes aged 19 years & over in the year of competition, (unless previously competed at World Championships and under 19 years)

NAME: _____ **PARTNERS NAME** _____

AGE: _____ **DATE OF BIRTH:** _____

ADDRESS: _____

PHONE: _____ **EMAIL:** _____

Medal Tests Held: Figures _____ **Freeskating** _____ **Dance Pairs** _____

Solo Dance _____ **Freeskating Pairs** _____ **Inline Free** _____

I wish to be considered for nomination for the following positions:

SENIOR OCEANIA FIGURES _____ SENIOR OCEANIA FREE _____

SENIOR OCEANIA DANCE PAIRS _____ SENIOR OCEANIA SOLO DANCE _____

SENIOR OCEANIA PAIRS _____ OCEANIA INLINE FREESKATING _____

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.

SIGNED: _____ (SKATER) PARENT: _____

DATE: _____

NOMINATION FEE: \$200

Applications should be accompanied by nomination fee and sent through your Club Secretary to Joan Blackler, 33 North Street, Feilding, joan.blackler@xtra.co.nz.

Closing date: 14 June 2019

The 2019 Oceania team will be selected from the 2019 New Zealand Artistic Championships.



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NOMINATION FORM
JUNIOR ARTISTIC TEAM - OCEANIA CHAMPIONSHIPS
2019

Athletes 17 & 18 years in the year of competition, (unless previously competed at World Championships and under 17 & 18 years)

NAME: _____ **PARTNERS NAME** _____

AGE: _____ **DATE OF BIRTH:** _____

ADDRESS: _____

PHONE: _____ **EMAIL:** _____

Medal Tests Held: Figures _____ **Freeskating** _____ **Dance Pairs** _____

Solo Dance _____ **Freeskating Pairs** _____

I wish to be considered for nomination for the following positions:

JUNIOR OCEANIA FIGURES _____ **JUNIOR OCEANIA FREE** _____

JUNIOR OCEANIA DANCE PAIRS _____ **JUNIOR OCEANIA SOLO DANCE** _____

JUNIOR OCEANIA 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.

SIGNED: _____ (SKATER) **PARENT** _____

DATE: _____

NOMINATION FEE: **\$200**

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NOMINATION FORM
YOUTH ARTISTIC TEAM - OCEANIA CHAMPIONSHIPS
2019

Athletes 16 years in the year of competition.

NAME: _____ **PARTNERS NAME:** _____

AGE: _____ **DATE OF BIRTH:** _____

ADDRESS: _____

PHONE: _____ **EMAIL:** _____

Medal Tests Held: Figures _____ **Freeskating** _____ **Dance Pairs** _____

Solo Dance _____

I wish to be considered for nomination for the following positions:

YOUTH OCEANIA FIGURES _____ **YOUTH OCEANIA FREE** _____

YOUTH OCEANIA DANCE PAIRS _____ **YOUTH OCEANIA SOLO DANCE** _____

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.

SIGNED: _____ (SKATER) **PARENT:** _____

DATE: _____

NOMINATION FEE: \$200

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NOMINATION FORM
CADET ARTISTIC TEAM - OCEANIA CHAMPIONSHIPS
2019

Athletes 14 & 15 years in the year of competition.

NAME: _____ **PARTNERS NAME:** _____

AGE: _____ **DATE OF BIRTH:** _____

ADDRESS: _____

PHONE: _____ **EMAIL:** _____

Medal Tests Held: Figures _____ **Freeskating** _____ **Dance Pairs** _____

Solo Dance _____

I wish to be considered for nomination for the following positions:

CADET OCEANIA FIGURES _____ CADET OCEANIA FREE _____

CADET OCEANIA DANCE PAIRS _____ CADET OCEANIA SOLO DANCE _____

I agree and certify to the following:

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SIGNED: _____ (SKATER) PARENT _____

DATE: _____

NOMINATION FEE: \$200

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NOMINATION FORM
MASTERS ARTISTIC TEAM - OCEANIA CHAMPIONSHIPS
2019

Masters (Figs, SD, Dance Couples) : Athletes who are at least 30 years & over in the year of competition

Masters Free : Athletes who are 21 years old & over in the year of competition

NAME: _____ **PARTNERS NAME:** _____

AGE: _____ **DATE OF BIRTH:** _____

ADDRESS: _____

PHONE: _____ **EMAIL:** _____

Medal Tests Held: Figures _____ **Freeskating** _____

Dance Pairs _____ **Solo Dance** _____

I wish to be considered for nomination for the following positions:

MASTERS OCEANIA FIGURES _____ ADVANCED MASTERS OCEANIA FIGURES _____

MASTERS OCEANIA DANCE PAIRS _____ ADVANCED MASTERS OCEANIA DANCE PAIRS _____

MASTERS OCEANIA SOLO DANCE _____ ADVANCED MASTERS OCEANIA SOLO DANCE _____

MASTERS OCEANIA FREESKATING _____

I agree and certify to the following:

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SIGNED: _____ (SKATER) PARENT _____

DATE: _____

NOMINATION FEE: \$200

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NOMINATION FORM PRECISION/SHOW TEAMS - OCEANIA CHAMPIONSHIPS 2019
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Team Name: _____

Team List

TEAM MEMBER (Please print clearly)	NZFRS NO
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 nomination fee (\$200 per skater in the team). Applications should be sent through your Club Secretary to Joan Blackler, 33 North Street, Feilding, joan.blackler@xtra.co.nz

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**NOMINATION FORM
PRECISION/SHOW TEAMS - OCEANIA CHAMPIONSHIPS
2019**

NAME: _____ **TEAM NAME:** _____

AGE: _____ **DATE OF BIRTH:** _____

ADDRESS: _____

PHONE: _____ **EMAIL:** _____

Medal Tests Held:

Figures _____ **Freeskating** _____ **Dance Pairs** _____

Solo Dance _____

Freeskating Pairs _____ **Inline** _____ **Precision (Team)** _____

I wish to be considered for nomination for the following positions:

SENIOR PRECISION _____ JUNIOR PRECISION _____

SMALL SHOW GROUP _____ LARGE SHOW GROUP _____

JUNIOR SHOW GROUP _____ YOUTH QUARTET _____

JUNIOR QUARTET _____ QUARTET _____

I agree and certify to the following:

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SIGNED: _____ (SKATER) PARENT: _____

DATE: _____

NOMINATION FEE: \$200

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