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



SENIOR WORLD CHAMPIONSHIPS 2020

NAME	·	-	
AGE: _	DATE OF BIRTH:	E MAIL:	
ADDRE	:ss:		
PHONI	E:	MOBILE:	
Medal	Tests Held: Figures	Freeskating	Dance Pairs
	Solo Dance _	Inline	_
I/We v	vish to be considered for nom	nination for the followi	ing positions:
SENIOI	R FIGURES LADIES/MENS	SENIOR	R FREESKATING LADIES/MENS
WORLI	O INLINE LADIES/MENS		
SENIO	R DANCE PAIRS	SENIOR	R SOLO DANCE LADIES/MENS
I agree a 1. 2. 3. 4. 5.	of the NZFRS, the NZ Artistic Sports I will attend team training as required and any team training and that I m I agree to pay any deposit towards I will abide by all travel, accommod	s Committee and appointed red and understand that my ay be removed from nomin team training equalisation dation and team uniform red	y training and attitudes will be assessed at ea nation, if standards are not maintained.
SIGNED:		_ (SKATER) PAREN	NT
DATE: _			
NOMINA	ATION FEE: \$200		
Applicat	tions should be accompanied by no	mination fee and sent to the	he Treasurer at ioan.blackler@xtra.co.nz



Closing date: 21 February 2020



World team will be selected from the Northern Area Championships, 24-27 April 2020, Auckland



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



JUNIOR WORLD CHAMPIONSHIPS 2020

Junior	– 12 years of age and not yet 19	years of age	e as at 1 Ja	nuary 2	2020			
NAME	:							
AGE: _	DATE OF BIRTH:	E MAII	L:					
ADDR	ESS:							
PHON	E:	MOBILE						
Meda	Tests Held: Figures	Freesk	cating		Dance P	airs		
	Solo Dance							
I/We v	wish to be considered for nomina	ation for th	e followin	g posit	ions:			
JUNIO	R FIGURES LADIES/MENS							
JUNIO	R FREESKATING LADIES/MENS		JUNIOR S	SOLO D	ANCE LA	DIES/ME	NS	
JUNIO	R DANCE PAIRS							
I agree	and certify to the following:							
1.	I understand that I would be under the				RS and will	abide by t	he rules/pol	icies
2.	of the NZFRS, the NZ Artistic Sports Co I will attend team training as required		• •		nd attitud	es will be a	assessed at e	each
	and any team training and that I may b	e removed fr	om nominat	tion, if sta	andards ar	e not mair		
3.	I agree to pay any deposit towards tea					•		
4. 5.	I will abide by all travel, accommodation I will undergo at my own cost any physisthe NZ Artistic Sports Committee.		-		-			or
SIGNED	:(S	KATER)	PARENT					
DATE: _								
NOMIN	ATION FEE: \$200							

Applications should be accompanied by nomination fee and sent to the Treasurer at joan.blackler@xtra.co.nz Closing date: 21 February 2020

World team will be selected from the Northern Area Championships, 24-27 April 2020, Auckland







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



NOMINATION FORM PRECISION/SHOW TEAMS WORLD CHAMPIONSHIPS 2020

Skaters must be 12 years of age as at 1 January 2020

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: 21 February 2020

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NOMINATION FORM PRECISION/SHOW TEAMS WORLD CHAMPIONSHIPS 2020

Skaters must be 12 years of age as at 1 January 2020

NAME	ME: TEAM NAME:	
AGE: _	E: DATE OF BIRTH:	
ADDRI	DRESS:	
PHON	ONE:EMAIL:	
Medal	edal Tests Held:	
Figure	ures Freeskating Dance Pairs Solo Da	ance
Freesk	eskating Pairs Inline Precision (Team)	
Precisi	ecision (Mini)	
I wish	ish to be considered for nomination for the following positions:	
PRECIS	ECISION QUARTETS	
SMALL	ALL SHOW GROUP LARGE SHOW GROUP	
1 agree an 1. 2. 3. 4. 5.	 Artistic Sports Committee and appointed officials. I will attend team training as required and understand that my training and attitudes will be assesse 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. 	d at each and any team training an
SIGNED:	NED:(SKATER) PARENT	
DATE: _	E:	
NOMINA	MINATION FEE: \$200	
Annlica	disations should be assumed by namination for and cout to the Tuessinon et in	on blocklov@vtvo.co.ne

Closing date: 21 February 2020
World team will be selected from the Northern Area Championships, 24-27 April 2020, Auckland





