

ICE HORIZONS 2009

To All Prospective Ice Horizons Participants:

Welcome back to another NEW and EXCITING Ice Horizons for 2009. This year's show is April 24th & 25th and the directors include Betsy DeWitt, Kate Bresnan and Andrea Whiting.

SOLO AND FEATURE TRYOUTS

All tryouts for solos and features will be available to skaters who have passed their Pre-Preliminary Freestyle test. Programs will be limited to 1½ minutes and should be designed to highlight the skater's skill and audience appeal. Tryouts will be January 12th, 7:30-8:30PM. If you are interested, please sign up. The sign-up sheet will be posted on the bulletin board in November.

CHORUS LINES

This year there will be 3 chorus lines throughout the show. These will be open to skaters who have passed their pre-preliminary freestyle test. A sign up sheet will be posted on the bulletin board in early November. There may be a limited number of off-ice practices starting in January 2009.

JR CLUB MEMBERS

Junior Club rehearsals will begin during regular Saturday morning lessons starting in February. Skaters currently in group lessons and/or below pre-preliminary freestyle will be required to join Jr. Club by January 10, 2009 in order to participate in Ice Horizons 2009. Attached is the Ice Horizons application that must be completed and returned by **ASAP!!!** Please refer to the bulletin board for additional information.

All communication from the Show Committee and/or the Directors will be posted on the bulletin board as well as sent through email.

HOPE TO SEE YOU ON THE ICE!!!!!!

Betsy DeWitt
Director, Ice Horizons 2009

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REGISTRATION FORM

Skater's Name _____ Age _____ Sex: M F
Address _____
City _____ Zip _____
Home Phone _____ Email Address _____

Skater is currently involved in:

Junior Club Adult Club Private Lessons

Name of skating instructor (s) _____
Highest Test(s) Passed: Freestyle _____ Moves _____ Dance _____
Synchro Experience? Yes No

The above named skater has our permission to participate in the 2009 Ice Horizons Show production at the Bowling Green State University Ice Arena. We will be on time for all rehearsals and know that after more than one unexcused absence our skater can be dropped from the number.

Parent Signature Date Skater Signature Date

Parents: we need your help!!! Please volunteer to help on at least one show committee. (Please check choices)

<input type="checkbox"/> Advertising/Sponsorship	<input type="checkbox"/> Backstage	<input type="checkbox"/> Costumes	<input type="checkbox"/> Group Monitor
<input type="checkbox"/> Photo/Video Sales	<input type="checkbox"/> Ticket Sales	<input type="checkbox"/> Props	<input type="checkbox"/> Publicity
<input type="checkbox"/> Sets/Scenery	<input type="checkbox"/> Ushers	<input type="checkbox"/> Lighting	<input type="checkbox"/> Ticket Taker
<input type="checkbox"/> Program Advertising	<input type="checkbox"/> Program Sales	<input type="checkbox"/> Concessions	

Please fill out the following questionnaire to help us utilize our advertising dollars to the fullest. Your family, friends, neighbors, teachers, classmates, co-workers, church members and community members are most likely to attend the show if they know your child(ren) will be starring. Please furnish as much information as you can. If you have any additional ideas, please include them in the space below. We will send a press release to your local newspaper, workplace newsletter, church newsletter and to the school to be sure your child(ren) are acknowledged for their part(s) in the show.

Mother's Name _____

Does employer offer a newsletter? Yes No

If yes, name and phone number or email of editor _____

Father's Name _____

Does employer offer a newsletter? Yes No

If yes, name and phone number or email of editor _____

School Attended _____ School District _____ Spring Break _____

School Address _____ Principal's Name _____

Local Newspaper _____

Do you belong to any clubs or special groups that offer a newsletter?
 Yes No

If yes, name and phone number or email of editor _____

Are there any message boards in front of or inside of local business in your community?
 Yes No

Are there any businesses in your community that allow club's to decorate their windows?
 Yes No

***Please return this form, measurements and your Ice Horizons Fee to:
Ice Horizons 2009, PO Box 1162, Bowling Green, Ohio 43402***

**The participation fee is \$125 for all BGSC members and is due by December 8, 2008
THERE WILL BE NO REFUNDS**

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PERSONAL DATA

Name _____ Age _____ Parent (s) _____

Address _____

Phone _____ Email _____

FEMALE

Blouse size _____

Dress size _____

Bust/chest _____

Rib cage _____

Waist _____

Hip _____

Wrist to wrist _____

Waist to neck (front) _____

Waist to neck (back) _____

Waist to knee _____

Waist to ankle _____

Waist to crotch _____

Underarm to ankle _____

Back of neck to top of heel _____

Top of shoulder to anklebone _____

Side of neck to wristbone _____

Inseam to arch of foot _____

Head circumference _____

Height in skates _____

MALE

Shirt size (neck) _____

Sleeve length _____

Coat size _____

Head circumference _____

Chest _____

Waist _____

Hip _____

Wrist to wrist _____

Top of shoulder to wrist _____

Waist to neck (front) _____

Waist to neck (back) _____

Waist to ankle _____

Underarm to arch of foot _____

Height in skates _____

Measured by: _____