

## ARTISTIC ROLLER SPORTS COMMITTEE

Chairperson – Margaret Grant  
Secretary – Ngaire Tucker  
2/11 Cranberry Place, Bucklands Beach, Auckland 2012  
Email: [tuckn1@ihug.co.nz](mailto:tuckn1@ihug.co.nz)



• [www.skatenz.org.nz](http://www.skatenz.org.nz)

# SENIOR WORLD CHAMPIONSHIPS 2014 SPAIN

Senior – 12 years of age and over as at 1 January 2014

NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ E MAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_

Medal Tests Held: Figures \_\_\_\_\_ Freeskating \_\_\_\_\_ Dance Pairs \_\_\_\_\_

Solo Dance \_\_\_\_\_ Inline \_\_\_\_\_

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

SENIOR FIGURES LADIES/MENS \_\_\_\_\_ SENIOR FREESKATING LADIES/MENS \_\_\_\_\_

SENIOR COMBINED LADIES/MENS \_\_\_\_\_ WORLD INLINE LADIES/MENS \_\_\_\_\_

SENIOR DANCE PAIRS \_\_\_\_\_ SENIOR SOLO DANCE LADIES/MENS \_\_\_\_\_

I agree and certify to the following:

1. 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 \_\_\_\_\_

DATE: \_\_\_\_\_

NOMINATION FEE: \$200

**Applications should be accompanied by nomination fee and sent to Joan Blackler, 33 North Street, Feilding.**

**Closing date: 7 July 2014. World team will be selected from NZ Championships, Auckland in July.**



Associate Member  
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## JUNIOR WORLD CHAMPIONSHIPS 2014 SPAIN

Junior – 12 years of age and not yet 19 years of age as at 1 January 2014

NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ E MAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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 COMBINED LADIES/MENS \_\_\_\_\_

JUNIOR FREESKATING LADIES/MENS \_\_\_\_\_ JUNIOR SOLO DANCE LADIES/MENS \_\_\_\_\_

JUNIOR DANCE PAIRS \_\_\_\_\_

I agree and certify to the following:

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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 \_\_\_\_\_

DATE: \_\_\_\_\_

NOMINATION FEE: \$200

**Applications should be accompanied by nomination fee and sent to Joan Blackler, 33 North Street, Feilding.**

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## NOMINATION FORM PRECISION/SHOW TEAMS WORLD CHAMPIONSHIPS 2014, SPAIN

Skaters must be 12 years of age as at 1 January 2014

Team Name: \_\_\_\_\_ **PRECISION**  
**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 sent through your Club Secretary to:  
Joan Blackler, 33 North Street, Feilding

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## NOMINATION FORM PRECISION/SHOW TEAMS WORLD CHAMPIONSHIPS 2014, SPAIN

Skaters must be 12 years of age as at 1 January 2014

NAME: \_\_\_\_\_ TEAM NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Medal Tests Held:

Figures \_\_\_\_\_ Freeskating \_\_\_\_\_ Dance Pairs \_\_\_\_\_ Solo Dance \_\_\_\_\_

Freeskating Pairs \_\_\_\_\_ Inline \_\_\_\_\_ Precision (Team) \_\_\_\_\_

Precision (Mini) \_\_\_\_\_

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

PRECISION \_\_\_\_\_ LARGE SHOW GROUP \_\_\_\_\_

SMALL SHOW GROUP \_\_\_\_\_

I agree and certify to the following:

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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 \_\_\_\_\_

DATE: \_\_\_\_\_

**NOMINATION FEE: \$200**

**Applications should be accompanied by nomination fee and sent to Joan Blackler, 33 North Street, Feilding.  
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