

**53rd ANNUAL LAKE PLACID CHAMPIONSHIPS**  
hosted by Sharper Edge Skating School

**JANUARY 3rd - 4th, 2025**  
**THE OLYMPIC CENTER**  
**2634 Main Street, Lake Placid NY 12946**

ISI Endorsement No.  
38502753



October 17, 2024

Dear Team Coach,

I would like to invite you and your team to the 53rd Annual Lake Placid Championships hosted by Sharper Edge Skating School. Enclosed please find the information for the competition to be held on Friday, January 3rd to Saturday, January 4th, 2025 in the 1932 and 1980 Olympic arenas.

This competition is being run in accordance with the 2024 edition of the ISI Handbook. It is advised that all participating coaches be familiar with these publications which may be obtained from the ISI Office in Dallas, TX. All Skaters must be a current member and be tested through the ISI. Events are offered to all ages – Tots through Adults.

All of the Judges should have a copy of the latest ISI HANDBOOK distributed by the ISI National office (972)735-8800 or [www.skateisi.org](http://www.skateisi.org).

If you need more information, please call (978) 369-0088 or check out our website at [www.sharperedgeskating.com](http://www.sharperedgeskating.com).

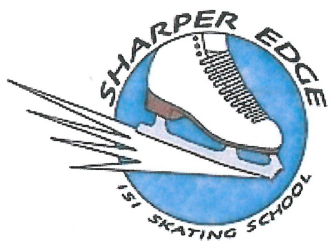
**Online registration will be available at: [www.sharperedgeskating.com/lakeplacid](http://www.sharperedgeskating.com/lakeplacid)**

Sharper Edge Skating School, Silver Blades, and World Figure Sport will be honoring the Kelton Family for all the years of wonderful memories made here at Lake Placid (The Best Place on Earth!).

We look forward to our competition with great excitement. Please come and share the fun!

Truly Yours,

**Dawn R. DiMinico & The SESS Staff**  
Competition Director



# COMPETITION GUIDELINES

## 53rd ANNUAL LAKE PLACID CHAMPIONSHIPS

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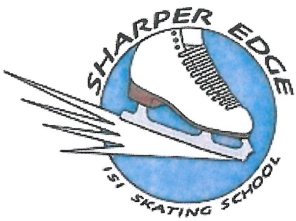


- ◆ **Events:**  
Tot 1-4, PreAlpha, Alpha, Beta, Gamma, Delta, Freestyle (1-10), Open Freestyle, Special Skater (1-10), Stroking (Alpha thru Delta), Rhythmic Skating (FS 1-10), Spotlight (Tot thru FS10), Couples Spotlight, Family Spotlight, Footwork (FS 1-10), Jump & Spin, Ice Dance (1-10), Interpretive (Tot - FS10), Artistic (FS 1-10), Solo Compulsories (PreAlpha-FS 10), Hockey Skating/Shooting and Hockey Goalie, Ensemble, Synchronized Skating, Team Compulsories, Pattern, Kaleidoskate, Team Interpretive and Production.  
**Events are offered to all ages - Tots through Adults.**
- ◆ **Rules:**  
The competition will be conducted in accordance with the guidelines set forth in the most recent edition of the ISI Handbook.
- ◆ **Verification:**  
The Team Coach must sign the entry form(s) to verify that the information is true and correct. Inaccurate or incomplete forms will not be processed.
- ◆ **Eligibility:**  
All Skaters entering the competition must be individual members of and registered with the ISI. All entrants must be registered at their highest test level with the ISI on or before **November 15th, 2024**. Skaters may not enter an individual event at a higher or lower level than their last test passed and registered prior to November 15th, 2024. Members of the USFS, who are individual members and registered with the ISI are eligible to compete in accordance with the ISI/USFS Joint Statement of Policy.
- ◆ **Awards:**  
All events will receive Team Points. Awards will be given for the first five places in each event: 5 points for First, 4 for Second, 3 for Third, 2 for Fourth, and 1 for Fifth. Team points for Synchro, TC, Pattern, Kaleidoskate, and Production will be 25 points for First, 20 for Second, 15 for Third, 10 for Fourth, and 5 for Fifth. The team (club/schools) accumulating the most points will be declared the winner. Team Trophies will be given out for 1st, 2nd, 3rd, 4th, and 5th place.
- ◆ **Tentative Time Schedule:**  
We are expecting to be running the competition **Friday from 8:00am until 3:45pm and Saturday 8:00am until 9:00pm.**
- ◆ **Fees:**  
All payments must be made via Venmo to Sharper Edge Skating School: **@Dawn-DiMinico**  
**Payment must accompany the entry form(s).** Judges' forms or registration must also accompany entries for this competition.
- ◆ **Music and Registration:**  
We will be playing all music digitally from a laptop at the competition. Skaters/teams will submit their music using the google form available at **[www.sharperedgeskating.com/lakeplacid](http://www.sharperedgeskating.com/lakeplacid)**

Music must be in an mp3 format. We still encourage skaters/teams to have a backup CD on hand should we experience any technological difficulties, but we anticipate things to run smoothly as we use this system daily here at Sharper Edge.

- ◆ **Video Policy:**  
The policy of Sharper Edge is that parents may video only their skater and no one else unless a specific request is granted from the competitor or their parent. **NO FULL FLIGHT VIDEOS ALLOWED.** Pictures, movies and video tapes must be taken for personal use only. They may not be sold, rented or otherwise used for any commercial or profit making business unless authorized in writing by the competition director.

**ENTRY DEADLINE: November 15th, 2024**



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## Solo Compulsories

There will be no music. Time limit: 1 minute.  
 Note: There is no penalty for the number of wiggles, swizzles, strokes or crossovers performed in the Tot-Beta levels. Only the quality of the maneuvers is judged.

## Interpretive

Tot - FS 10

Theme: **TBD**

## Half Ice

Pre-Alpha	Right 1 ft Glide Forward Swizzles Backward Swizzles
Alpha	Forward Stroking Forward L over R Crossovers 1 ft Snowplow Stop
Beta	Backward Stroking Left Back T-Stop Right Back T-Stop
Gamma	RFO Three Turn LFO Three Turn Hockey Stop
Delta	RFI 3 Turn Lunge Bunny Hop
FS 1	Waltz Jump Forward Arabesque 2 foot spin
FS 2	1/2 Lutz 1 ft Spin Dance Step Sequence
FS 3	Salchow Jump Change Foot Spin Toe Loop Jump
FS 4	Flip Jump Sit Spin 1/2 Loop Jump

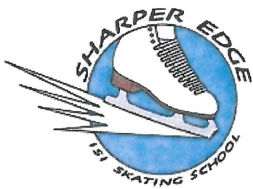
## Jump & Spin

Low Tot-Delta	2 ft Hop OR Bunny Hop 2 ft Spin
Bronze FS 1-3 / Bronze	1/2 Flip OR Toe Loop 2 ft Spin OR 1 ft Spin
Silver FS 4-5 / Silver	1/2 Loop OR Axel Sit Spin OR Back Spin
Gold FS 6-7 / Gold	Double Salchow OR Double Toe Layback OR Flying Camel
Platinum FS 8-10 / Platinum	Double Loop OR Double Lutz Flying Sit OR Camel-Jump-Camel

## Full Ice

FS 5	Fast Back scratch spin Axel Camel-Sit-Upright spin
FS 6	Axel-1/2Loop-Flip Jump Choice Spin (Cross foot/Layback/Sit-Change-Sit) Split Jump
FS 7	2 Walley jumps in a row Flying Camel One Foot Axel-quarter Flip-Axel
FS 8	Double Flip Jump Camel-jump-Camel spin Split Lutz
FS 9	Double Lutz Opposite spin Axel-double loop Jump combination





# INDIVIDUAL ENTRY FORM: LEVEL 1-10

## 53rd ANNUAL LAKE PLACID CHAMPIONSHIPS

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ENTRY DEADLINE: NOVEMBER 15th, 2024

Location: THE OLYMPIC CENTER, 2634 Main Street, Lake Placid NY 12946

Please do not mail this form! Registration is via Google form ONLY

ISI Endorsement No.

38502753



### SKATER'S INFORMATION (Please print clearly)

Name	ISI Member #	Exp. Date	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address	Birthdate	Age on 1/3/25	
City	State	Zip	Phone #
Home ISI Member Rink	US Figure Skating Freestyle Test Level		

Email

Are you an active US Figure Skating member who has competed at or above the Novice level at any US Figure Skating Championship with the last two years? ☐ Yes ☐ No

### INDIVIDUAL EVENTS

Highest ISI Freestyle Level \_\_\_\_\_  
FS 1-10 or Bronze-Platinum

- |  |  |
|--|--|
| <input type="checkbox"/> Solo Program        | <input type="checkbox"/> Open Freestyle  |
| <input type="checkbox"/> Solo Compulsories   | <input type="checkbox"/> Bronze          |
| <input type="checkbox"/> Solo Spotlight      | <input type="checkbox"/> Silver          |
| <input type="checkbox"/> Character           | <input type="checkbox"/> Gold            |
| <input type="checkbox"/> Dramatic            | <input type="checkbox"/> Platinum        |
| <input type="checkbox"/> Light Entertainment | <input type="checkbox"/> Platinum Plus   |
| <input type="checkbox"/> Footwork            | <input type="checkbox"/> Gold Short      |
| <input type="checkbox"/> Interpretive        | <input type="checkbox"/> Platinum Short  |
| <input type="checkbox"/> Artistic            | <input type="checkbox"/> Hockey Skating  |
| <input type="checkbox"/> Rhythmic Skating    | <input type="checkbox"/> Hockey Shooting |
| <input type="checkbox"/> Ball                | <input type="checkbox"/> Goalie          |
| <input type="checkbox"/> Hoop                |  |
| <input type="checkbox"/> Ribbon              |  |

### PARTNER EVENTS

\*\*\* PARTNER MUST ALSO SEND SEPARATE ENTRY FORM \*\*\*

Couple/Pair Partner

Name: \_\_\_\_\_ Level (1-10)  
ISI# \_\_\_\_\_

Couple Spotlight Partner

Name: \_\_\_\_\_  
ISI# \_\_\_\_\_

☐ Bronze ☐ Silver ☐ Gold ☐ Platinum  
(FS1-3) (FS4-5) (FS6-7) (FS8-10)

☐ Character ☐ Dramatic ☐ Lt. Entertainment

Jump & Spin Partner

Name: \_\_\_\_\_  
ISI# \_\_\_\_\_

☐ Bronze ☐ Silver ☐ Gold ☐ Platinum  
(FS1-3) (FS4-5) (FS6-7) (FS8-10)

### FEES AND PAYMENTS

*All payments must accompany  
the entry form(s)  
and must be made via Venmo to:*

*@Dawn-DiMinico*

Single entry		\$	100.00
Each additional event	\$30.00 x _____	=	\$ _____
Partner event		\$	25.00
Each additional partner event	\$25.00 x _____	=	\$ _____
TOTAL FEE ENCLOSED		\$	_____

Please note: There are no refunds.

### BE SURE TO SIGN

HERE!

I skate at this competition at my own risk for \_\_\_\_\_ and hereby release the host rink and their personnel from all liability.

Signature of skater \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

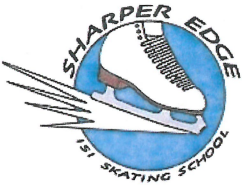
I declare the above information is true, that this skater's test (s) is/are registered. The skater is a current Individual Member of ISI and is skating in the proper categories and levels.

Coach \_\_\_\_\_ ISI # \_\_\_\_\_

Email \_\_\_\_\_

Any questions, please contact us at (978)369-0088 or ISILakePlacidChampionships@gmail.com





# INDIVIDUAL ENTRY FORM: TOT thru DELTA

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38502753



### SKATER'S INFORMATION (Please print clearly)

Name	ISI Member #	Exp. Date	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address	Birthdate	Age on 1/3/25	
City	State	Zip	Phone #
Home ISI Member Rink	Email		

### INDIVIDUAL EVENTS

Highest ISI Test Level \_\_\_\_\_ Tot (1-4) – Delta

<input type="checkbox"/> Solo Program	<input type="checkbox"/> Hockey Skating
<input type="checkbox"/> Solo Compulsories	<input type="checkbox"/> Hockey Shooting
<input type="checkbox"/> Stroking <b>(*ONLY Alpha-Delta)</b>	<input type="checkbox"/> Goalie
<input type="checkbox"/> Solo Spotlight	<input type="checkbox"/> Interpretive
<input type="checkbox"/> Character	
<input type="checkbox"/> Dramatic	
<input type="checkbox"/> Light Entertainment	

### PARTNER EVENTS

\*\*\* PARTNER MUST ALSO SEND SEPARATE ENTRY FORM \*\*\*

Couple Spotlight Partner

Name: \_\_\_\_\_ ☐ Low  
ISI# \_\_\_\_\_ (Tot-Delta)

☐ Character ☐ Dramatic ☐ Lt. Entertainment

Jump & Spin Partner

Name: \_\_\_\_\_ ☐ Low  
ISI# \_\_\_\_\_ (Tot-Delta)

Any questions, please contact us at (978)369-0088 or ISILakePlacidChampionships@gmail.com

### FEES AND PAYMENTS

Single entry	\$	100.00
Each additional event	\$30.00 x _____ =	\$ _____
Partner event	\$	25.00
Each additional partner event	\$25.00 x _____ =	\$ _____
TOTAL FEE ENCLOSED	\$	_____

All payments must accompany  
the entry form(s) and must be made via Venmo to:

@Dawn-DiMinico

Please note: There are no refunds.

### BE SURE TO SIGN HERE!

I skate at this competition at my own risk for \_\_\_\_\_ and hereby release the host rink and their personnel from all liability.

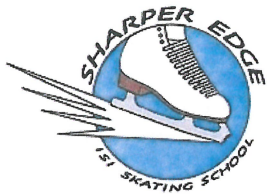
Signature of skater \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

I declare the above information is true, that this skater's test (s) is/are registered. The skater is a current Individual Member of ISI and is skating in the proper categories and levels.

Coach \_\_\_\_\_ ISI # \_\_\_\_\_

Email \_\_\_\_\_



# ICE DANCE ENTRY FORM

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38502753



### SKATER'S INFORMATION (Please print clearly)

Name	ISI Member #	Exp. Date	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address	Birthdate	Age on 1/3/25	
City	State	Zip	Phone #
Home ISI Member Rink	US Figure Skating Dance Test Level		
Email			

Are you an active US Figure Skating member who has competed at or above the Novice level at any US Figure Skating Championship with the last two years? ☐ Yes ☐ No

### ICE DANCE EVENTS

☐ OPEN SOLO FREE DANCE (indicate level) \_\_\_\_\_

☐ FREE DANCE Level (1-10) \_\_\_\_\_

Solo Similar Mixed Pro Partner

☐ ☐ ☐ ☐

CHOICE DANCES: Choose all your dance entries by marking the boxes below:

	Solo	Similar	Mixed	Pro Partner
<b>DANCE 1</b>				
Chasse Sequence				
Progressive Sequence				
<b>DANCE 2</b>				
Swing Rolls				
Dutch Waltz				
<b>DANCE 3</b>				
Canasta Tango				
Rhythm Blues				
<b>DANCE 4</b>				
Swing Dance				
Cha Cha				
Fiesta Tango				
<b>DANCE 5</b>				
Willow Waltz				
Hickory Hoedown				
Ten Fox				
<b>DANCE 6</b>				
Fourteen Step				
European Waltz				
Foxtrot				
<b>DANCE 7</b>				
American Waltz				
Tango				
Rocker Foxtrot				
<b>DANCE 8</b>				
Blues				
Kilian				
<b>DANCE 9</b>				
Paso Doble				
Quickstep				
Starlight Waltz				
<b>DANCE 10</b>				
Westminster Waltz				
Argentine Tango				
Viennese Waltz				

### PARTNER INFORMATION

\*\*\* PARTNER MUST ALSO SEND SEPARATE ICE DANCE ENTRY FORM \*\*\*

Similar Partner \_\_\_\_\_ ISI# \_\_\_\_\_ Age \_\_\_\_\_ M/F Please circle

Mixed Partner \_\_\_\_\_ ISI# \_\_\_\_\_ Age \_\_\_\_\_ M/F

Pro Partner \_\_\_\_\_ ISI# \_\_\_\_\_ Age \_\_\_\_\_ M/F

Free Dance Partner \_\_\_\_\_ ISI# \_\_\_\_\_ Age \_\_\_\_\_ M/F

### FEES AND PAYMENTS

Single entry (only if first competition event) \$ 100.00

Each additional event \$30.00 x \_\_\_\_\_ = \$ \_\_\_\_\_

Partner event \$ 25.00

Each additional partner event \$25.00 x \_\_\_\_\_ = \$ \_\_\_\_\_

TOTAL FEE ENCLOSED \$ \_\_\_\_\_

Please note: There are no refunds.

All payments must accompany the entry form(s) and must be made via Venmo to:

@Dawn-DiMinico

### BE SURE TO SIGN HERE!

I skate at this competition at my own risk for

Team name: \_\_\_\_\_

and hereby release the host rink and their personnel from all liability.

Signature of skater \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

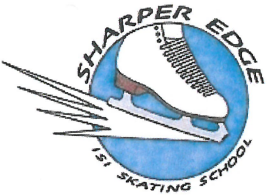
I declare the above information is true, that this skater's test (s) is/are registered. The skater is a current Individual Member of ISI and is skating in the proper categories and levels.

Coach \_\_\_\_\_ ISI # \_\_\_\_\_

Email \_\_\_\_\_

Any questions, please contact us at  
(978)369-0088 or ISILakePlacidChampionships@gmail.com





# TEAM ENTRY FORM

## 53rd ANNUAL LAKE PLACID CHAMPIONSHIPS

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JANUARY 3rd - 4th, 2025

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Location: THE OLYMPIC CENTER, 2634 Main Street, Lake Placid NY 12946

Please do not mail this form! Registration is via Google form ONLY



### YOUR INFORMATION (Please print clearly)

Name of Team	Home ISI Member Rink	
Coach Name	Coach Professional ISI #	Coach Certification Level
Coach Email	Coach Phone #	ISI Team Registration #

### WE WISH TO ENTER : (Important: Use one (1) team entry form per team, per event.)

Age Divisions (Choose one)	
<input type="checkbox"/> Synchronized Formation Compulsories	<input type="checkbox"/> Tot Maj. 6 & under
<input type="checkbox"/> Synchronized Skating Compulsories	<input type="checkbox"/> Jr. Youth Maj. 8 & under
<input type="checkbox"/> Synchronized Formation Team	<input type="checkbox"/> Youth Maj. 9-11 yrs.
<input type="checkbox"/> Synchronized Advanced Formation Team	<input type="checkbox"/> Sr. Youth Maj. 12-14 yrs.
<input type="checkbox"/> Synchronized Skating Team	<input type="checkbox"/> Teen Maj. 14-19 yrs.
<input type="checkbox"/> Synchronized Dance	<input type="checkbox"/> Collegiate Maj. 18-25 yrs.
	<input type="checkbox"/> Adult Maj. 20-39 yrs.
	<input type="checkbox"/> Master Maj. 40+ yrs.

<input type="checkbox"/> Family Spotlight
<input type="checkbox"/> Production Team
<input type="checkbox"/> Ensemble
<input type="checkbox"/> Pattern Team
<input type="checkbox"/> Kaleidoskate Team
<input type="checkbox"/> Team Compulsories : Level _____
<input type="checkbox"/> Theater Production
<input type="checkbox"/> Team Interpretive (3-6 skaters)

### TEAM MEMBERS : PLEASE ATTACH TEAM ROSTER WITH REQUIRED INFORMATION OR CLEARLY PRINT INFORMATION BELOW

Name	USFS	Age on 7/1/24 *	ISI #	Name	USFS	Age on 7/1/24 *	ISI #
1.				13.			
2.				14.			
3.				15.			
4.				16.			
5.				17.			
6.				18.			
7.				19.			
8.				20.			
9.				21.			
10.				22.			
11.				23.			
12.				24.			

Use additional sheet for more than 24 skaters.

Check the USFS box for any team member who has competed at or above the Novice level at any US Figure Skating National Championship within the last two years.

\*Applies to Synchronized Teams only.

Alternates/Crossover Skaters	USFS	Age on 7/1/24 *	ISI #
1.			
2.			

Any questions, please contact us at (978)369-0088 or ISILakePlacidChampionships@gmail.com

### BE SURE TO SIGN HERE!

I declare the above information is true, that these skaters are current Individual members of ISI. I have notified all team members that they will skate at their own risk and hereby release the host rink and their personnel from all liability.

Team Coach	ISI #
Email	

### TEAM ENTRY FEES

\$25.00 per skater

Team event entry \$25.00 x \_\_\_\_\_ = \$ \_\_\_\_\_  
# skaters

TOTAL FEE ENCLOSED

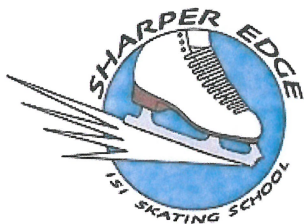
\$ \_\_\_\_\_

Please note: There are no refunds.

All payments must accompany the entry form(s)  
and must be made via Venmo to:

@Dawn-DiMinico





# JUDGES REGISTRATION

ISI Endorsement No.

38502753

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**JANUARY 3rd - 4th, 2025**

**LOCATION: THE OLYMPIC CENTER, 2634 Main Street, Lake Placid NY 12946**

➡ Please print clearly

Name of Team/Rink \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

Designated Team Coach \_\_\_\_\_ Phone \_\_\_\_\_

**Please provide one judge for every 10 events entered for your team.**

Name \_\_\_\_\_

Email \_\_\_\_\_

ISI # \_\_\_\_\_ Rating level \_\_\_\_\_

Name \_\_\_\_\_

Email \_\_\_\_\_

ISI # \_\_\_\_\_ Rating level \_\_\_\_\_

Name \_\_\_\_\_

Email \_\_\_\_\_

ISI # \_\_\_\_\_ Rating level \_\_\_\_\_

Name \_\_\_\_\_

Email \_\_\_\_\_

ISI # \_\_\_\_\_ Rating level \_\_\_\_\_

I attest that these judges are current ISI Professional Members and are in good standing with the ISI. They will fulfill all assignments throughout the competition, and will attend the judges meeting. Any judge who can't fulfill his/her assignment must provide a qualified replacement and that replacement must be approved by the competition director.

Team Coach Signature \_\_\_\_\_ Date \_\_\_\_\_

Email \_\_\_\_\_ ISI # \_\_\_\_\_

The information on this form will be used to contact the judges attending the competition so that they may submit their requests for their judging assignments. All judges specified on these forms and whose teams are paid in full will receive an email with the judges schedule to make their requests.

Please return completed form and return to:

**Sharper Edge Skating School**  
**100 Powdermill Road PMB 233**  
**Acton, MA 01720**

# SOUVENIR PROGRAM BOOK ADVERTISING

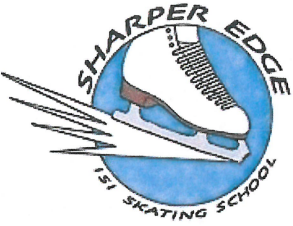
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## Advertising Rates

_____ Full Outside Back Cover	\$100.00
_____ Full Inside Back Cover	\$75.00
_____ Full Inside Front Cover	\$75.00
_____ Full Page	\$50.00
_____ Half Page	\$35.00
_____ Quarter Page	\$25.00
_____ Eighth Page—Business Card	\$20.00
_____ One Line Greeting	\$10.00

All ads with artwork must be camera ready, in color. Please email ad to [ISILakePlacidChampionships@gmail.com](mailto:ISILakePlacidChampionships@gmail.com) or attach copy.

Form must be returned by November 15, 2024

**Please make payment by Venmo to Sharper Edge Skating School:**

**@Dawn-DiMinico**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Send completed form to:

Sharper Edge Skating School  
100 Powdermill Road PMB 233  
Acton, MA 01720

Please direct questions to Sharper Edge Skating School:

[ISILakePlacidChampionships@gmail.com](mailto:ISILakePlacidChampionships@gmail.com) or (978)369-0088