



## Request for Synchronized Skating Roster Change

**Per 3253:** Requests for substitutions to the roster must be submitted on the official form to the Sectional Vice Chair of the Synchronized Team Skating Competitions Subcommittee. Substitutions to the roster may be permissible up to two weeks prior to the start of the next qualifying competition. The request must be in writing and must include the reason for the substitution, **with a birth certificate if applicable under CR 47.05** (skaters on juvenile, intermediate, novice, junior or senior teams.).

**Please note:** 4660-4791. All skaters on teams with a MITF minimum test requirement must have passed the applicable test by December 1<sup>st</sup>.

<b>Team name:</b>	<b>Team #:</b>	
<b>Team level:</b>	<b>Club (if applicable):</b>	
<b>Change is for (circle one):</b>		
Sectional Championships	U.S. Synchronized Team Championships	
<b>Section (circle one):</b>		
Eastern	Midwestern	Pacific Coast
<b>Team contact person:</b>	<b>Daytime phone #</b>	<b>E-mail address:</b>

Skater being replaced	Membership #	Replacement name	Membership #	Highest MITF test passed as of 12/1/07
1.				
2.				
3.				
4.				
5.				

Reason for replacement: *(Please explain why each skater is being replaced)*

1.
2.
3.
4.
5.



# Request for Synchronized Skating Roster Change (cont'd.)

**Return this form to:**

Kelly Hodge, Director of Synchronized Skating  
U.S. Figure Skating  
20 First Street  
Colorado Springs, CO 80906

**Signatures of new members and / or parents:**

New team member name	Date of Birth	Signature of skater, or parent if under 18,
1.		
2.		
3.		
4.		
5.		

**Signature of the team coach and team manager:**

I wish to make the above name substitutions to the roster of \_\_\_\_\_ competing in the \_\_\_\_\_ level. To the best of my knowledge, all replacement skaters are U.S. Figure Skating members and are eligible to compete.

Printed name	Signature
Head coach:	
Team manager:	

<b>FOR SECTIONAL VICE – CHAIR USE ONLY</b>		
I approve of the requested roster substitution for the above named team.		
_____	_____	_____
<i>Sectional Vice Chair Name</i>	<i>Signature</i>	<i>Date</i>
<b>Please forward this form to:</b>		
<b>Kathy Drevs, Director of Member Services</b> U.S. Figure Skating 20 First St. Colorado Springs, CO 80906 Fax: (719) 635 –9548		