2021 ISI SPRING SKATEFEST INDIVIDUAL ENTRY FORM Friday – Sunday, March 19-21, 2021

Last Name	First Name Date of Birth			_ ISI #	Se	Sex F or M	
Address			rth	Age as of March		19, 2021	
City	State	Ziţ	o	Phone			
Home Rink	E-Mail (Required)			USFS level			
Are you an active USFS m	ember who has competed	d at or above the N	lovice Level at an	y US Natio	onal championshi	ps in the past two	
years? Y or N		INDIVIDUAL	EVENTS:				
Pre-Alpha—Delta	Freestyle 1 – 10	Open Freestyle		Spotlight (Pre-Alpha-FS 10)			
Level	Level	Level					
Solo	Solo	Bronze FS			ter		
Stroking	Stroking	Silver FS			tic		
Compulsories	Compulsory	Gold FS			ertainment		
Interpretive	Interpretive	Gold FS Short _		Theme	d		
	Footwork	Platinum FS					
<u>Figures</u>	Artistic	Platinum FS Sho	ort				
Level	Surprise						
Creative		Tot 1-4 & Specia	al Skater				
Free	Dance & Open Dance	Level		Rhythr	<u>nic</u>	<u>Hockey</u>	
Regular	Level	Solo		Level		Goalie	
	Solo	Compulsories		Hoop _		Shooting	
Created Events	Solo Free	Spotlight:		Ball		Skating	
Team Interp	Solo Choice		ter	Ribbon		<u> </u>	
Sit Spin			tic				
Jumps			ertainment				
Partnered Events (Please	· · · · · · · · · · · · · · · · · · ·	ers Name	Partne	ers ISI #	Partners Age	Sim/Mix	
Couple	Level						
Pairs	Level						
Free Dance	Level						
Couple Spotlight	Level						
Character/Dramatic/Lt. E	Entertainment (Please Cire	cle One)					
Jump & Spin Team	Level						
SKATER-I skate at this competi liability. I declare that th Skater Signature Parent/Guardian Signature COACH-I declare that the infor	e home rink listed above is th	e true rink that I wish Date Date	to represent.				
skating in the proper cate	egories and levels, and that th of injury. I hereby release ISI,	e home rink listed abo Fort Myers Skatium.	ove is correct. I declar	are that I ho	ld the proper memb	erships, and insurance from all liability.	
Coach's Signature		Date	ISI #			· · · · · · · · · · · · · · · · · · ·	
Contact Number E-mai		il Address		SI # Certification		<u></u>	
REGISTRATION FEES:	First Event Additional Event Family Entry	\$35			\$		
	Additional Event	\$1E /\$E/Disco	unted Eventl	Ċ	r		
	Auditional Event	\$450 \$13/\$3(DISCO	ounted Event)	ې			
*(Cove	ers all Family member	rs first entry, ea	ch additional e	entry \$10) per skater)		
	Total Amoun	t Enclosed			\$		
Make Checks Payable			ies if accepted	l, will be	charged doub	le entry fees.	
Credit Card Payment:							
· ·		Vica	Mastorcard	Amov	Discover _		
Name							
Card Number		Exp.Date	.Secu	ritvuode	Billing	ZIDCOGE	