

Levels Pre-Alpha-Delta INDIVIDUAL ENTRY FORM



2019 ISI Adult Championships

Location: ICE at the Parks • Arlington, TX
 Event Dates: Oct. 11-13, 2019 • Test & Entry Deadline: Aug. 15, 2019
 Send entry and fee to: ISI, 6000 Custer Rd, Bldg 9; Plano TX 75023
 Tel: 972.735.8800 • Fax: 972.735.8815 • www.skateisi.org

*** 2019 DISCOUNT* EVENTS**

Enter any individual or partner event for \$70 and enter Solo Compulsories and/or Jump & Spin for **only \$20 each.**

YOUR INFORMATION (Please Print)

Current ISI Members of all ages are eligible to participate.

Last Name _____ First Name _____ ISI Member # _____ Exp. Date _____ Male Female

Address _____ Birthdate _____ Age on Oct. 11, 2019 _____

City _____ State/Province _____ Zip _____ Country _____ Phone # (Required) _____

Home ISI Member Rink/Club _____ Email (Required) _____

INDIVIDUAL EVENTS

Highest ISI Test Level

Pre-Alpha - Delta

- Solo Program
- Solo Compulsories (Pre-Alpha - Delta)**
- Solo Spotlight (May only enter two Solo Spotlight events with different programs)
- Character
- Dramatic
- Light Entertainment
- Themed
- Stroking (Alpha - Delta)

PARTNER EVENTS

Couple Spotlight Partner ISI # _____ Low (PA-DL)
 Name: _____

Character Dramatic Lt. Ent. (May only choose one)

Themed Couple Spotlight ISI # _____ Low (PA-DL)
 Name: _____

Jump & Spin** Partner ISI # _____ Low (PA-DL)
 Name: _____

Themed Spotlight for 2019 is

“Welcome to the Jungle”

Have a wild time exploring your inner instincts as your ideas take root and your imagination flourishes.

For all Dance entries - please use separate Dance Entry form.

Be sure to sign here!

There will be **NO REFUNDS**. ISI reserves the right to limit the number of entries without notice. I skate at this competition at my own risk and hereby release ISI, the host facility(ies) and their owners, officers, directors, officials and personnel from all liability. I declare that the home rink listed above is the true rink/club/school that I wish to represent. Upon entering this competition, I hereby agree that any photographs or video taken of me, by ISI or any authorized party, may be used exclusively for any purpose by the ISI or any other use authorized by the ISI.

Skater signature _____ Date _____

Parent/guardian (if applicable) _____ Date _____
 I declare that the information above is true, that this skater's test(s) is/are registered, that the skater is a current individual member of the ISI, and is skating in the proper categories and levels, and that the home rink listed above is correct.

Coach professional ISI # _____ Exp. date _____

Coach name (please print) _____ Date _____

Email address _____ Certification level _____
 Is coach attending the event? Yes No (Judge/Coach credential info at skateisi.org)

FEES AND PAYMENT (all amounts are U.S. Dollars)

- First event \$ 70 +Family entry covers 3 or more family members' first event entry; each additional entry is \$35 per person per event.
- Each additional \$ 35 x = \$ _____
- Family entry+ \$ 180 x = \$ _____
- **Discount events \$ 20 x = \$ _____

NOTE: Memberships must be current through the event. Membership renewals may accompany this entry form. All test and memberships must be registered with ISI.

Entry total \$ _____
 \$15 membership fee enclosed \$ _____
 Processing fee \$ 3.00
 Total enclosed \$ _____
 (Make check payable to ISI)

IF ACCEPTED, ENTRY FEES WILL BE DOUBLED AFTER ENTRY DEADLINE! ANY CHANGES TO THIS ORIGINAL ENTRY FORM WILL RESULT IN A CHANGE FEE OF \$25 PER CHANGE/PER SKATER.

PAYMENT INFORMATION

Credit Card # _____ Exp. date _____

Card Security Code _____ Card Billing Zip Code _____

Cardhold (please print) _____ Authorized Signature _____

OFFICE USE ONLY

Date received _____ Initials _____

Amount _____ Check # _____

