



# Levels 1-10 INDIVIDUAL ENTRY FORM

## 2019 ISI Conference Championships

Location: Centennial Ice Rinks • Wilmette, IL  
 Event Dates: May 31-June 2, 2019 • Test & Entry Deadline: April 1, 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 \$90 and enter Solo Compulsories, Jump & Spin, and/or Footwork 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	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address		Birthdate	Age on Feb. 22, 2019	
City	State/Province	Zip	Country	Phone # (Required)
Home ISI Member Rink, Club, School, College or University			Email (Required)	USFSA Freestyle Test Level

Are you an active USFSA member who has competed at or above the Novice level at any USFSA National Championship within the last two years?  Yes  No

INDIVIDUAL EVENTS	
<p><b>Highest ISI Test Level</b> _____ FS 1-10 or Bronze-Platinum</p> <p><input type="checkbox"/> Solo Program  <input type="checkbox"/> Solo Compulsories**  <input type="checkbox"/> Solo Spotlight  <input type="checkbox"/> Character <span style="margin-left: 100px;">(May only enter two Solo Spotlight events with different programs)</span>  <input type="checkbox"/> Dramatic  <input type="checkbox"/> Light Entertainment  <input type="checkbox"/> Themed</p>	<p><input type="checkbox"/> Footwork**  <input type="checkbox"/> Interpretive  <input type="checkbox"/> Artistic  <input type="checkbox"/> Rhythmic Skating  <input type="checkbox"/> Ball <input type="checkbox"/> Hoop <input type="checkbox"/> Ribbon <span style="margin-left: 20px;">(May only enter two Rhythmic events with different programs)</span>  <input type="checkbox"/> Special Skater Stroking</p> <p><input type="checkbox"/> Special Skater (1-10) _____</p>
<p><input type="checkbox"/> Hockey Skating <input type="checkbox"/> Goalie  <input type="checkbox"/> Hockey Shooting  <input type="checkbox"/> Figures (1-10) _____  <input type="checkbox"/> Figures  <input type="checkbox"/> Free Figures  <input type="checkbox"/> Creative Figures</p> <p style="text-align: center;"><b>ISI Open Freestyle Event</b></p> <p><input type="checkbox"/> Bronze (FS 1-3) <input type="checkbox"/> Silver (FS 4-5)  <input type="checkbox"/> Gold (FS 6-7) <input type="checkbox"/> Platinum (FS 8-10)  <input type="checkbox"/> Gold Short <input type="checkbox"/> Platinum Short  <input type="checkbox"/> Platinum Plus</p>	

PARTNER EVENTS	
<p><input type="checkbox"/> Couple Partner ISI # _____ Name: _____ Level (1-10) <span style="margin-left: 20px;"><input type="checkbox"/> Sim <input type="checkbox"/> Mix</span></p> <p><input type="checkbox"/> Pair Partner ISI# _____ Name: _____ Level (1-10) <span style="margin-left: 20px;">Level (B-P)</span></p> <p style="text-align: center; border: 1px solid black; padding: 2px;">New Open Pair Bronze - Platinum</p>	<p><b>Themed Spotlight for 2019 is</b>  <b>“Welcome to the Jungle”</b>  <i>Have a wild time exploring your inner instincts as your ideas take root and your imagination flourishes.</i></p>
<p><input type="checkbox"/> Couple Spotlight Partner ISI # _____ Name: _____ <input type="checkbox"/> Character <input type="checkbox"/> Dramatic <input type="checkbox"/> Lt. Ent. <span style="margin-left: 20px;">(May only choose one)</span></p> <p><input type="checkbox"/> Themed Couple Spotlight ISI # _____ Name: _____</p>	<p style="text-align: center;"><b>For all Dance entries - please use separate Dance Entry form.</b></p> <p><input type="checkbox"/> Jump &amp; Spin** Partner ISI# _____ Name: _____</p>

**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? <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="margin-left: 20px;">(Judge/Coach credential info at skateisi.org)</span>	

**PAYMENT INFORMATION**

Credit Card # _____	Exp. date _____
Card Security Code _____	Card Billing Zip Code _____
Cardhold (please print) _____	Authorized Signature _____

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

<input checked="" type="checkbox"/> First event	\$ 90	+Family entry covers 3 or more family members' first event entry; each additional entry is \$35 per person per event.
<input type="checkbox"/> Each additional	\$ 35 x _____ = \$ _____	
<input type="checkbox"/> Family entry+	\$ 180 x _____ = \$ _____	
<input type="checkbox"/> **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.  
**(Levels 9 & 10 receive first event free.)**

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.

**OFFICE USE ONLY**

Date received _____	Initials _____
Amount _____	Check # _____

