ISI CITY OF FOUNTAINS FALL FLING 2016

___ Special Skater

____Female _____Male

Last name **First Name** **ISI membership number**

Street Address **City** **State** **Zip Code**

Email Address **Age as of 11/11/16** **Date of Birth**

Home Rink **Coaches Name** **Coaches Email address**

Are you an active USFS member who has competed at or above the Novice level at the USFS National Championships in the last 2 year? _____

Open Events Bronze-Platinum

LEVEL

- ☐ Solo
- ☐ Footwork
- ☐ Artistic
- ☐ Short Program (Open Gold / Platinum only)
- ☐ Rhythmic Ribbon
- ☐ Rhythmic Ball
- ☐ Rhythmic Hoop
- ☐ Character Spotlight
- ☐ Interpretive
- ☐ Dramatic Spotlight
- ☐ Lt Entertainment Spotlight

Tot – Freestyle 10

LEVEL

- ☐ Solo
- ☐ Footwork
- ☐ Artistic
- ☐ Solo Compulsories
- ☐ Stroking (Alpha-Delta)
- ☐ Advanced Stroking (FS 1 – FS 10)
- ☐ Rhythmic Ribbon
- ☐ Rhythmic Ball
- ☐ Rhythmic Hoop
- ☐ Character Spotlight
- ☐ Dramatic Spotlight
- ☐ Lt Entertainment Spotlight
- ☐ Interpretive
- ☐ Theme Spotlight

Partner Events

☐ 2 Person Jumps and Spin Team

_____ _____ _____

Level Partners Name Partners ISI #

☐ Couples Spotlight

_____ _____ _____

Level Partners Name Partners ISI #

Dance Events

LEVEL

- ☐ Solo Compulsory Dance
- ☐ Solo Free Dance
- ☐ Shadow _____

  Partners name ISI Number
- ☐ Couples Dance_____

  Partners Name ISI Number

Paper Entry Deadline is October 10, 2016. We reserve the right to limit the number of entries and to refuse late entries. NO REFUNDS WILL BE GIVEN. Entry Fees payable to LCFSC. Mail to Line Creek Community Center 5940 NW Waukomis Dr KCMO 64151. Attn AMY

1st Event	$45.00 _____
Additional Family 1st Event	$35.00_____
Additional Events ____@	$20.00_____
Super Competitor (5 or more events)	$105.00_____
Late Fee after Oct 10	$25.00 _____
TOTAL ENCLOSED	$_____

I understand that I participate in this competition at my own risk and I recognize that this involves an element of risk. By signing this form I release from liability all employees, staff and directors of Line Creek Community Center, the city of Kansas City MO, Line Creek Figure Skating Club and Kansas City Parks and Recreation

_____ _____

Skaters Signature Date

_____ _____

Parent / Guardian Signature Date

I declare the above information is correct, that this skaters tests are registered with ISI, the skater is a current ISI member and is skating at the proper level.

_____ _____

Instructors Signature / Title Date