

Card Security Code

Cardholder (please print)

TEAM ENTRY FORM

2020ne ISI Holiday Theatrical Challenge

Location: Iceoplex Simi Valley • Simi Valley. CA
Event Dates: December 3-5, 2021 • Test & Entry Deadline: October 15
Send entry form to: Kim Hansen • khansen∂skateisi.org
Tel: 972.735.8800 • www.skateisi.org

2021 DISCOUNT EVENTS

Enter any team event for \$35 and then enter Pattern for only \$20 each.

YOUR INFORMATION (Please Print) Current ISI Members of all ages are eligible to participate.									
Name of Team				Home ISI Member Rink/Club					
Coach Name	Coac	h Prof	essional ISI #		Coach Certification Level				
Coach Phone # (Required)	Coad	h Ema	il (Required)		ISI Team Registration #				
Team Manager Name	ISI #			Phone # (Required)	d) Email (Required)				
All Team Events Will Be Skated Under Colored H	louse Lights -	No Sp	ootlights						
WE WISH TO ENTER (Important:	Use one (1) tea	m entry form p	er team, per event. Please	send team photo	with ent	ry.)		
□ Synchronized Formation Compulsories □ Synchronized Skating Compulsories □ Synchronized Formation Team □ Synchronized Advanced Formation Team □ Synchronized Skating Team □ Synchronized Open Skating Team □ Synchronized Dance (Check the USFS box for any team member who has competed at or above the Novice level at USFS National Championships within the last two years)	☐ Youth☐ Sr. You☐ Teen	th M M Ith M M Ate M M	noose one) aj. 6 & under aj. 8 & under aj. 9-11 yrs. aj. 12-14 yrs. aj. 14-19 yrs. aj. 18-25 yrs. aj. 20-39 yrs. aj. 40+ yrs.	☐ Family Spotlight ☐ Production Team ☐ Ensemble ☐ Pattern Team** ☐ Kaleidoskate Team ☐ Team Compulsories: _ ☐ Freestyle Synchro: _ ☐ Theater Production ☐ Themed Production -	Level				
TEAM MEMBERS: PLEASE ATTAC	H TEAM RO	STE	R WITH REQUI	RED INFORMATION OR CLE	ARLY PRINT INFO	ORMATIC	N BELOV	V	
Name	USFS Age	e on /21*	ISI#	Name			Age on 7/1/21*	ISI #	
1				13					
2				14					
3				15					
4				16					
5				17					
6				18					
7				19					
8				20					
9				21					
10				22					
11				23					
12				24					
Use additional sheet for more than 24 skaters. *Applies to Sy	nchronized Tear	ns only.	Please list Crossove						
Be sure to sign here!				TEAM ENTRY FI	EES (All amounts	are U.S. Do	ollars)		
There will be NO REFUNDS . Memberships must be current through event. Expired membership renewals must accompany this entry application.				\$35 per person. (\$750 maximum per team)					
Upon entering this competition, we hereby agree that any photographs or video taken of our team by ISI or authorized party may be used exclusively for any purpose by the ISI or any other use authorized by ISI.				☐ Team event entry #skaters x \$35 = \$ ☐ **Discount events #skaters x \$20 = \$					
I declare that the information above is true and that all skaters have current					Entry total	\$			
individual memberships with ISI. I have notified all team members that they skate at their own risk, and hereby release ISI, the host facilities and their					Processing fee \$ <u>3.00</u> Total \$				
owners, officers, directors, officials and persor	nnel from all	liabilit	y.						
Coach signature (Judge/Coach/Team Mgr. credential info at skateisi.org)	Date			IF ACCEPTED, ENTRY FEES I THIS ORIGINAL ENTRY FORM V					
PAYMENT INFORMATION				OFFICE USE ON	ILY			_	
Cradit Card #	Eve dete								
Credit Card #	Exp. date			Date received	Initials				

Amount

Card Billing Zip Code

Authorized Signature