



Levels Tot-Delta INDIVIDUAL ENTRY FORM

2020 One 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 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	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address				Birthdate	Age on Dec. 3, 2021	
City	State/Province	Zip	Country	Phone # (Required)		
Home ISI Member Rink/Club				Email (Required)		

INDIVIDUAL EVENTS

Solo Events Under Spotlight

Highest ISI Test Level

Tot 1 - 4/Pre-Alpha - Delta

- ☐ Solo Spotlight
- ☐ Character
- ☐ Dramatic
- ☐ Light Entertainment
- ☐ Themed

Technical Events Under Normal House Lights

- ☐ Solo Program
- ☐ Solo Compulsories (Pre-Alpha - Delta)**

PARTNER EVENTS

Partner Events Under Spotlight

- ☐ Couple Spotlight Partner ISI # _____ Low (PA-DL)
 Name: _____ ☐
- ☐ Character ☐ Dramatic ☐ Lt. Ent. (May only choose one)
- ☐ Themed Couple Spotlight ISI # _____ Low (PA-DL)
 Name: _____ ☐

Technical Events Under Normal House Lights

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

Themed Spotlight for 2021 is

"Vacation"

...All I ever wanted; had to get away

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? <input type="checkbox"/> Yes <input type="checkbox"/> No (Judge/Coach credential info at skateisi.org)	

PAYMENT INFORMATION

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

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

- | | | |
|---|------------------------|---|
| <input checked="" type="checkbox"/> First event | \$ 70 | *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.

Entry total	\$ ____
\$15 membership fee enclosed	\$ ____
Processing fee	\$ 3.00
Total	\$ ____

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	

