

**Dance Entry**  
**April 26-28, 2024**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **ISI#** \_\_\_\_\_ **Sex F or M** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Age as of March 26, 2023** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Home Rink:** \_\_\_\_\_ **E-Mail (Required)** \_\_\_\_\_ **Dance Level:** \_\_\_\_\_  
**USFS Dance Level:** \_\_\_\_\_

**Are you an active USFS member who has competed at or above the Novice Level at any US National Championship in the past two years? Y or N**

Indicate all Dance events entering: Solo Dance \_\_\_\_\_ Similar Dance \_\_\_\_\_ Mixed Dance \_\_\_\_\_ Pro Partner Dance \_\_\_\_\_ Free Dance \_\_\_\_\_  
 Similar Partner \_\_\_\_\_ ISI # \_\_\_\_\_ Pro Partner \_\_\_\_\_ ISI # \_\_\_\_\_  
 Mixed Partner \_\_\_\_\_ ISI # \_\_\_\_\_ Free Dance Partner \_\_\_\_\_ ISI # \_\_\_\_\_

Dance 1	Dance 2	Dance 3	Dance 4	Dance 5
Chasse Seq	Swing Rolls	Canasta Tango	Swing Dance	Willow Waltz
Solo / Similar / Mix / Pro	Solo / Similar / Mix / Pro	Solo / Similar / Mix / Pro	Solo / Similar / Mix / Pro	Solo / Similar / Mix / Pro
Progressive Seq	Dutch Waltz	Rhythm Blues	Cha Cha	Hickory Hoedown
Solo / Similar / Mix / Pro	Solo / Similar / Mix / Pro	Solo / Similar / Mix / Pro	Solo / Similar / Mix / Pro	Solo / Similar / Mix / Pro
			Fiesta Tango	Ten Fox
			Solo / Similar / Mix / Pro	Solo / Similar / Mix / Pro

Dance 6	Dance 7	Dance 8	Dance 9	Dance 10
Fourteen	American	Killian	Paso Double	Westminster Waltz
Solo / Similar / Mix / Pro	Solo / Similar / Mix / Pro	Solo / Similar / Mix / Pro	Solo / Similar / Mix / Pro	Solo / Similar / Mix / Pro
European	Tango	Blues	Quickstep	Argentine Tango
Solo / Similar / Mix / Pro	Solo / Similar / Mix / Pro	Solo / Similar / Mix / Pro	Solo / Similar / Mix / Pro	Solo / Similar / Mix / Pro
Foxtrot	Rocker Foxtrot		Starlight	Viennese Waltz
Solo / Similar / Mix / Pro	Solo / Similar / Mix / Pro		Solo / Similar / Mix / Pro	Solo / Similar / Mix / Pro

I declare this information is true and that all skaters have current ISI memberships. I have notified all team members that they skate at their own risk, and hereby release ISI, Tampa Bay Skating Academy, IcePlex Land Assets and their owners, officers, directors, officials, and personnel from all liability. I understand there are **NO REFUNDS**.

Coaches Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Parent/Skater Signature \_\_\_\_\_ Date \_\_\_\_\_

First Event	\$ 85.00
Additional Events _____ X \$25 =	\$ _____
Entry Total	\$ _____
Hospitality/Administrative Fee	\$ 15.00
Total Fee Due	\$ _____