

**ISI Spring Fling  
Team Entry  
April 26-28, 2024**

Team Name: \_\_\_\_\_ Home Rink: \_\_\_\_\_ Team ISI# \_\_\_\_\_  
 Primary Coach Name: \_\_\_\_\_ Primary Coach Professional ISI# \_\_\_\_\_  
 Primary Coach E-Mail: \_\_\_\_\_ Primary Coach Phone # \_\_\_\_\_  
 Secondary Coach Name: \_\_\_\_\_ Secondary Coach Professional ISI# \_\_\_\_\_  
 Secondary Coach E-Mail: \_\_\_\_\_ Secondary Coach Phone # \_\_\_\_\_

**TEAM EVENTS**

**Age Categories:**

Tots \_\_\_\_\_ Jr. Youth \_\_\_\_\_ Youth \_\_\_\_\_ Sr. Youth \_\_\_\_\_ Teen \_\_\_\_\_ Collegiate \_\_\_\_\_ Adult \_\_\_\_\_ Master \_\_\_\_\_

- Synchronized Formation Compulsories
- Synchronized Skating Compulsories
- Synchronized Formation Team
- Synchronized Advanced Formation Team
- Synchronized Skating Team
- Synchronized Dance
- Synchronized Freestyle Level \_\_\_\_\_

- Production Team
- Ensemble
- Pattern Skating Team
- Kaleidoskate Team
- Theater Production
- Team Compulsories Level \_\_\_\_\_
- Themed Production

Skater Name	USFS	Age as of 7-1-23	ISI Number	
1				Teams Event Entries \$25 each Number of Entries _____ Entry Total \$ _____ Processing Fee \$ 5.00 Total Fee Due \$ _____
2				
3				
4				
5				
6				
7				
8				
9				
10				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 <b>NO REFUNDS.</b>
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				

Coaches Signature \_\_\_\_\_ Date \_\_\_\_\_