



# Levels 1-10 INDIVIDUAL ENTRY FORM

## 2023 ISI Theatrical Challenge

Location: Snoopy's Home Ice - Santa Rosa, CA  
Event Dates: Oct. 21-22, 2023 - Test & Entry Deadline: Sept. 12, 2023  
Email entry form entry to: Kim Hansen - khansen@skateisi.org  
Tel: 972.735.8800 - www.skateisi.org

### YOUR INFORMATION (Please Print)

Current ISI Members of all ages are eligible to participate.

Male  Female  
 Last Name \_\_\_\_\_ First Name \_\_\_\_\_ ISI Member # \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Address \_\_\_\_\_ Birthdate \_\_\_\_\_ Age on Oct. 21, 2023 \_\_\_\_\_  
 City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_ Phone # (Required) \_\_\_\_\_  
 Home ISI Member Rink, Club, School, College or University \_\_\_\_\_ Email (Required) \_\_\_\_\_ USFSA Freestyle Test Level \_\_\_\_\_  
 Are you an active USFSA member who has competed at or above the Novice level at any USFSA National Championship within the last two years?  Yes  No

### INDIVIDUAL EVENTS

<b>Highest ISI Test Level</b> _____ FS 1-10 or Bronze-Platinum	<input type="checkbox"/> Solo Spotlight <input type="checkbox"/> Character <input type="checkbox"/> Dramatic <input type="checkbox"/> Light Entertainment <input type="checkbox"/> Themed (May only choose two)	<input type="checkbox"/> Footwork <input type="checkbox"/> Interpretive <input type="checkbox"/> Artistic <input type="checkbox"/> Rhythmic Skating <input type="checkbox"/> Ball <input type="checkbox"/> Hoop <input type="checkbox"/> Ribbon	
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### PARTNER EVENTS

<input type="checkbox"/> Couple Spotlight Partner ISI # _____ Name: _____ <input type="checkbox"/> Character <input type="checkbox"/> Dramatic <input type="checkbox"/> Lt. Ent. <input type="checkbox"/> Themed Couple Spotlight ISI # _____ Name: _____ (May only choose two)	<b>Themed Spotlight for 2023 is</b> <b>"WILD, WILD WEST"</b> Grab your hat and your spurs, and show us your favorite Western moves!
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### 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?  Yes  No (Judge/Coach credential info at skateisi.org)

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

<input type="checkbox"/> First event	\$ 95 x _____ = \$ <u>95</u>	+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+	\$190 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. (Levels 9 & 10 receive first event free.)

Entry total \$ \_\_\_\_\_  
 \$15 membership fee enclosed \$ \_\_\_\_\_  
 Processing fee \$ 5.00  
 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.

### PAYMENT INFORMATION

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

### OFFICE USE ONLY

Date received \_\_\_\_\_ Initials \_\_\_\_\_  
 Amount \_\_\_\_\_ Check # \_\_\_\_\_

