

Cardhold (please print)

## Levels Tot-Delta 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 INFORMA	TION (Please Print)	Current ISI Membe	rs of all ages ar	re eligible to participa	te.		
						——— 🗌 Male	🗌 Female
Last Name	First Name		ISI Member #	Exp.	Date		
Address			Birthdate	Age on the	Oct. 21, 2023		
City	State/Province	Zip	Country	Pł	one # (Required)		
Home ISI Member Rink/Club	)		Email (Requir	red)			
INDIVIDUAL EV	ENTS						
	Highest ISI Test Level		<ul><li>Solo Spotlight</li><li>Character</li></ul>				
Tot 1 - 4/Pre-Alpha - Delta			<ul> <li>Dramatic</li> <li>Light Entertainment</li> <li>Themed</li> </ul>				
PARTNER EVEN	TS						
Couple Spotlight Partner ISI #       Low (PA-DL)         Name:       □         Character       Dramatic       Lt. Ent.       (May only cho		(PA-DL)	wo)	Themed Spotlight for 2023 is			
				"WII	.D, WILD WEST"		
Themed Couple Spotlight ISI # Low (PA-DL) Name:				Grab your hat and your spurs, and show us your favorite Western moves!			
Be sure to sign here!			FEE	ES AND PAYME	N T (all amounts are U.S.	Dollars)	
There will be <u>NO REFUNDS.</u> ISI rest I skate at this competition at my ow officers, directors, officials and persos rink/club/school that I wish to repre photographs or video taken of m purpose by the ISI or any other us		Each additional	\$ 75 x = \$ <u>75</u> \$ 35 x = \$ \$ 190 x = \$	entry; eac	family ' first event h additional 35 per person		
Skater signature		Date			urrent through the event. M test and memberships mus		
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.				\$15 membersh	Entry total \$ ip fee enclosed \$ Processing fee \$	5.00	
Coach professional ISI #	I	Exp. date			Total \$		
Coach name (please print)	1	Date					
Email address Is coach attending the event?		Certification level credential info at skateisi.org)			L BE DOUBLED AFTER ENTRY D LL RESULT IN A CHANGE FEE OF		
PAYMENT INFO	RMATION		OF	FICE USE ONLY	1		
Credit Card #		Exp. date	Date	received	Initials	[	
Card Security Code		Card Billing Zip Code	Amou	unt	Check #		

Authorized Signature