



TEAM ENTRY FORM

2021 ISI Spring Classic

Location: RDV Sportsplex Ice Den • Orlando, FL
 Event Dates: April 30-May 2, 2021 • Test & Entry Deadline: March 26
 Send entry form to: Kim Hansen • khansen@skateisi.org
 Tel: 972.735.8800 • www.skateisi.org

*** 2021 DISCOUNT*
EVENTS**

Enter any team event for \$35 and then enter Team Surprise and/or Pattern and/or Pattern for **only \$20 each.**

YOUR INFORMATION (Please Print) Current ISI Members of all ages are eligible to participate.

Name of Team	Home ISI Member Rink/Club	
Coach Name	Coach Professional ISI #	Coach Certification Level
Coach Phone # (Required)	Coach Email (Required)	ISI Team Registration #
Team Manager Name	ISI #	Phone # (Required) Email (Required)

WE WISH TO ENTER: (Important: Use one (1) team entry form per team, per event. Please send team photo with entry.)

<input type="checkbox"/> Synchronized Formation Compulsories <input type="checkbox"/> Synchronized Skating Compulsories <input type="checkbox"/> Synchronized Formation Team <input type="checkbox"/> Synchronized Advanced Formation Team <input type="checkbox"/> Synchronized Skating Team <input type="checkbox"/> Synchronized Open Skating Team <input type="checkbox"/> Synchronized Dance <small>(Check the USFSA box for any team member who has competed at or above the Novice level at any USFSA National Championship within the last two years)</small>	Age Divisions (Choose one) <input type="checkbox"/> Tot Maj. 6 & under <input type="checkbox"/> Jr. Youth Maj. 8 & under <input type="checkbox"/> Youth Maj. 9-11 yrs. <input type="checkbox"/> Sr. Youth Maj. 12-14 yrs. <input type="checkbox"/> Teen Maj. 14-19 yrs. <input type="checkbox"/> Collegiate Maj. 18-25 yrs. <input type="checkbox"/> Adult Maj. 20-39 yrs. <input type="checkbox"/> Master Maj. 40+ yrs.	<input type="checkbox"/> Family Spotlight <input type="checkbox"/> Production Team <input type="checkbox"/> Ensemble <input type="checkbox"/> Pattern Team** <input type="checkbox"/> Kaleidoskate Team <input type="checkbox"/> Team Compulsories: _____ Level <input type="checkbox"/> Freestyle Synchro: _____ Level <input type="checkbox"/> Theater Production <input type="checkbox"/> Themed Production - "Vacation"
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 Team Surprise**
 (4 skaters per team)
 Low (Pre-Alpha-Delta)
 Med (FS 1-3)
 Int (FS 4-5)
 High (FS 6-10)

TEAM MEMBERS: PLEASE ATTACH TEAM ROSTER WITH REQUIRED INFORMATION OR CLEARLY PRINT INFORMATION BELOW

Name	USFSA	Age on 7/1/20*	ISI #	Name	USFSA	Age on 7/1/20*	ISI #
1				13			
2				14			
3				15			
4				16			
5				17			
6				18			
7				19			
8				20			
9				21			
10				22			
11				23			
12				24			

Use additional sheet for more than 24 skaters. *Applies to Synchronized Teams only. Please list Crossover Skaters on separate sheet.

Be sure to sign here!

There will be **NO REFUNDS**. Memberships must be current through event. Expired membership renewals must accompany this entry application.

Upon entering this competition, we hereby agree that any photographs or video taken of our team by ISI or authorized party may be used exclusively for any purpose by the ISI or any other use authorized by ISI.

I declare that the information above is true and that all skaters have current individual memberships with ISI. I have notified all team members that they skate at their own risk, and hereby release ISI, the host facilities and their owners, officers, directors, officials and personnel from all liability.

Coach signature _____ Date _____
(Judge/Coach/Team Mgr. credential info at skateisi.org)

PAYMENT INFORMATION

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

TEAM ENTRY FEES (All amounts are U.S. Dollars)

\$35 per person. (\$750 maximum per team)

Team event entry #skaters _____ x \$35 = \$ _____
 **Discount events #skaters _____ x \$20 = \$ _____

Entry total \$ _____
 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 _____

