



Levels 1-10 INDIVIDUAL ENTRY FORM

2019 ISI Winter Classic

Location: Toyota Sports Center
Event Dates: Feb. 22-24, 2019 • Test & Entry Deadline: Dec. 1, 2018
Send entry and fee to: ISI, 6000 Custer Rd, Bldg 9; Plano TX 75023
Tel: 972.735.8800 • Fax: 972.735.8815 • www.skateisi.org

2019 DISCOUNT EVENTS

Enter any individual or partner event for \$90 and enter Solo Compulsories, Jump & Spin, and/or Footwork for only \$20 each.

YOUR INFORMATION (Please Print)

Current ISI Members of all ages are eligible to participate.

Last Name	First Name	ISI Member #	Exp. Date	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address		Birthdate	Age on Feb. 22, 2019	
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

Highest ISI Test Level FS 1-10 or Bronze-Platinum	<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 <input type="checkbox"/> Special Skater Stroking <input type="checkbox"/> Special Skater (1-10) _____	<input type="checkbox"/> Hockey Skating <input type="checkbox"/> Goalie <input type="checkbox"/> Hockey Shooting <input type="checkbox"/> Figures (1-10) _____ <input type="checkbox"/> Figures <input type="checkbox"/> Free Figures <input type="checkbox"/> Creative Figures ISI Open Freestyle Event <input type="checkbox"/> Bronze (FS 1-3) <input type="checkbox"/> Silver (FS 4-5) <input type="checkbox"/> Gold (FS 6-7) <input type="checkbox"/> Platinum (FS 8-10) <input type="checkbox"/> Gold Short <input type="checkbox"/> Platinum Short <input type="checkbox"/> Platinum Plus
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PARTNER EVENTS

<input type="checkbox"/> Couple Partner ISI # _____ Name: _____ Level (1-10) _____ <input type="checkbox"/> Pair Partner ISI# _____ Name: _____ Level (1-10) _____ Level (B-P) _____ <input type="checkbox"/> Couple Spotlight Partner ISI # _____ Name: _____ <input type="checkbox"/> Character <input type="checkbox"/> Dramatic <input type="checkbox"/> Lt. Ent. (May only choose one) <input type="checkbox"/> Themed Couple Spotlight ISI # _____ Name: _____	Themed Spotlight for 2019 is "Welcome to the Jungle" <i>Have a wild time exploring your inner instincts as your ideas take root and your imagination flourishes.</i> For all Dance entries - please use separate Dance Entry form. <input type="checkbox"/> Jump & Spin** Partner ISI# _____ Name: _____
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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? <input type="checkbox"/> Yes <input type="checkbox"/> No (Judge/Coach credential info at skateisi.org)	

PAYMENT INFORMATION

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

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

<input checked="" type="checkbox"/> First event	\$ 90	+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+	\$ 180 x _____ = \$ _____	
<input type="checkbox"/> **Discount events	\$ 20 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	\$ _____
ISIA Education Foundation donation (Tax deductible)	\$ _____
Processing fee	\$ 3.00
Total enclosed	\$ _____
(Make check payable to ISI)	

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	Check #

