

Cardhold (please print)

Levels Tot-Delta INDIVIDUAL ENTRY FORM

2023 ISI West Coast Championships

Location: Sprinker Recreation Center • Tacoma, WA
Event Dates: April 21-23, 2023 • Test & Entry Deadline: March 1, 2023
Email entry form to: Kim Hansen • khansen@skateisi.org
Tel: 972.735.8800 • www.skateisi.org

2023 DISCOUNT EVENTS

Enter any individual or partner event for \$75 and enter Solo Compulsories and/or Jump & Spin for only \$20 each.

YOUR INFORMATION	ON (Please Print)	Current ISI Memb	ers of all ages are eligible to p	participate.		
Last Name	First Name		ISI Member #	Exp. Date		
Address			Birthdate	Age on April 21,, 2023		
City	State/Province	Zip	Country	Phone # (Required)		
Home ISI Member Rink/Club			Email (Required)			
INDIVIDUAL EVEN	T S					
Highest ISI Test Level	□ Solo Program □ Solo Compulsories (Pre-Alpha - Delta □ Solo Spotlight □ Character		(May only enter two Solo Spotlight events	□ Stroking (Alpha - Delta)		
Tot 1 - 4/Pre-Alpha - Delta	☐ Dram	atic Entertainment	with different programs)			
PARTNER EVENTS						
☐ Couple Spotlight Partner ISI # Low (PA-DL) Name: ☐ Character ☐ Dramatic ☐ Lt. Ent. (May only choose of			Themed Spotlight for 2023 is			
☐ Themed Couple Spotlight ISI #		Low (PA-DL)	Gr	"WILD, WILD WEST" Grab your hat and your spurs, and show us your favorite Western moves!		
☐ Jump & Spin** Partner ISI #		(IADL)	For all Dance entries - please use separate Dance Entry form.			
Be sure to sign here! There will be NO REFUNDS. ISI reserves skate at this competition at my own risk officers, directors, officials and personnel true rink/club/school that I wish to represany photographs or video taken of me for any purpose by the ISI or any other	and hereby release ISI, the ho from all liability. I declare that ent. Upon entering this com e, by ISI or any authorized pa	ost facility(ies) and their owners, the home rink listed above is the petition, I hereby agree that	☐ First event☐ Each additional☐ Family entry+☐ **Discount eve	\$190 x _= \$ nts \$ 20 x _= \$	*Family entry covers 3 or more family members' first event entry; each additional entry is \$35 per person per event.	
Skater signature	[Date		ust be current through the event. Mo form. All test and memberships must		
Parent/guardian (if applicable) 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 memb	Entry total \$ pership fee enclosed \$ Processing fee \$5.0		
Coach professional ISI #	ach professional ISI # Exp. date			Total _{\$}		
Coach name (please print)	2	Pate				
mail address Certification level coach attending the event? Yes No (Judge/Coach credential info at sk				es will be doubled after entry deal RM will result in a change fee of \$2		
PAYMENT INFORM		J.	OFFICE USE	ONLY		
Credit Card #	E	xp. date				
Card Security Code	(Card Billing Zip Code	Date received	Initials		

Amount

Authorized Signature