



# TEAM ENTRY FORM

## 2024 ISI World Recreational Team Championships

Location: Sharks Ice San Jose  
 Event Dates: July 25-28, 2024 • Test & Entry Deadline: May 15, 2024  
 Email entry form to: Kim Hansen • khansen@skateisi.org  
 Tel: 972.735.8800 • www.skateisi.org

**\* 2024 DISCOUNT \*  
EVENTS**

Enter any team event for \$45 and then enter Team Surprise and/or Family Spotlight 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 Dance  <small>(Check the USFS box for any team member who has competed at or above the Novice level at any USFS National Championship within the last two years)</small>	<b>Age Divisions (Choose one)</b> <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 - "BACK TO THE '80s"	<input type="checkbox"/> Team Surprise** (4 skaters per team) <input type="checkbox"/> Low (Pre-Alpha-Delta) <input type="checkbox"/> Med (FS 1-3) <input type="checkbox"/> Int (FS 4-5) <input type="checkbox"/> High (FS 6-10)
---	---	---	---

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

Name	USFS	Age on 7/1/23*	ISI #	Name	USFS	Age on 7/1/23*	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)

**\$45 per person. (\$900 maximum per team)**

Team event entry #skaters \_\_\_\_\_ x \$45 = \$ \_\_\_\_\_  
 \*\*Discount events #skaters \_\_\_\_\_ x \$20 = \$ \_\_\_\_\_

Entry total \$ \_\_\_\_\_  
 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.

**OFFICE USE ONLY**

Date received \_\_\_\_\_ Initials \_\_\_\_\_  
 Amount \_\_\_\_\_

