

**ISI Spring Fling
Dance Entry
April 25-27, 2025**

Last Name: _____ First Name: _____ ISI# _____ Sex F or M _____
 Address: _____ DOB _____ Age as of April 25, 2025 _____
 City: _____ State: _____ Zip: _____ Phone: _____
 Home Rink: _____ E-Mail (Required) _____ Dance Level: _____
 USFS Dance Level: _____

Are you an active USFS member who has competed at or above the Novice Level at any US National Championship in the past two years? Y or N

Indicate all Dance events entering: Solo Dance _____ Similar Dance _____ Mixed Dance _____ Pro Partner Dance _____ Free Dance _____
 Similar Partner _____ ISI # _____ Pro Partner _____ ISI # _____
 Mixed Partner _____ ISI # _____ Free Dance Partner _____ ISI # _____

Dance 1	Dance 2	Dance 3	Dance 4	Dance 5
Chasse Seq	Swing Rolls	Canasta Tango	Swing Dance	Willow Waltz
Solo / Similar / Mix / Pro	Solo / Similar / Mix / Pro	Solo / Similar / Mix / Pro	Solo / Similar / Mix / Pro	Solo / Similar / Mix / Pro
Progressive Seq	Dutch Waltz	Rhythm Blues	Cha Cha	Hickory Hoedown
Solo / Similar / Mix / Pro	Solo / Similar / Mix / Pro	Solo / Similar / Mix / Pro	Solo / Similar / Mix / Pro	Solo / Similar / Mix / Pro
			Fiesta Tango	Ten Fox
			Solo / Similar / Mix / Pro	Solo / Similar / Mix / Pro

Dance 6	Dance 7	Dance 8	Dance 9	Dance 10
Fourteen	American	Killian	Paso Double	Westminster Waltz
Solo / Similar / Mix / Pro	Solo / Similar / Mix / Pro	Solo / Similar / Mix / Pro	Solo / Similar / Mix / Pro	Solo / Similar / Mix / Pro
European	Tango	Blues	Quickstep	Argentine Tango
Solo / Similar / Mix / Pro	Solo / Similar / Mix / Pro	Solo / Similar / Mix / Pro	Solo / Similar / Mix / Pro	Solo / Similar / Mix / Pro
Foxtrot	Rocker Foxtrot		Starlight	Viennese Waltz
Solo / Similar / Mix / Pro	Solo / Similar / Mix / Pro		Solo / Similar / Mix / Pro	Solo / Similar / Mix / Pro

I declare this information is true and that all skaters have current ISI memberships. I have notified all team members that they skate at their own risk, and hereby release ISI, Tampa Bay Skating Academy, IcePlex Land Assets and their owners, officers, directors, officials, and personnel from all liability. I understand there are **NO REFUNDS**.

Coaches Signature _____ Date _____
 Parent/Skater Signature _____ Date _____

First Event	\$ 87.00
Additional Events _____ X \$25 = \$ _____	
Entry Total	\$ _____
Hospitality/Administrative Fee	\$ 18.00
Total Fee Due	\$ _____