

**ISI Spring Fling
Individual 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) _____ USFS 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

Individual Events

<p style="text-align: center;">Tot 1-4 & Special Skater</p> <p><input type="checkbox"/> Solo <input type="checkbox"/> Character Spotlight <input type="checkbox"/> Light Entertainment Spot. <input type="checkbox"/> Dramatic Spotlight <input type="checkbox"/> Special Skater <input type="checkbox"/> Compulsories</p> <p style="text-align: center;">Skater Test Level</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p style="text-align: center;">Pre-Alpha – Delta</p> <p><input type="checkbox"/> Solo <input type="checkbox"/> Stroking <input type="checkbox"/> Compulsories</p> <p style="text-align: center;">Skater Test Level</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p style="text-align: center;">Freestyle 1-10</p> <p><input type="checkbox"/> Solo <input type="checkbox"/> Footwork <input type="checkbox"/> Compulsories <input type="checkbox"/> Artistic <input type="checkbox"/> Interpretive</p> <p style="text-align: center;">Skater Test Level</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p style="text-align: center;">Rhythmic</p> <p><input type="checkbox"/> Hoop <input type="checkbox"/> Ball <input type="checkbox"/> Ribbon</p> <p style="text-align: center;">Skater Test Level</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p style="text-align: center;">Spotlight (Pre-Alpha-FS10)</p> <p><input type="checkbox"/> Character Spotlight <input type="checkbox"/> Dramatic Spotlight <input type="checkbox"/> Light Entertainment Spot. <input type="checkbox"/> Themed Spotlight</p> <p style="text-align: center;">Skater Test Level</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p style="text-align: center;">Open Freestyle</p> <p><input type="checkbox"/> Bronze <input type="checkbox"/> Silver <input type="checkbox"/> Gold <input type="checkbox"/> Gold Short <input type="checkbox"/> Platinum <input type="checkbox"/> Platinum Short <input type="checkbox"/> Platinum Plus</p>

Partnered Events	Partners Name	Partners ISI#	Level	Age
Couples	_____	_____	_____	_____
Pairs Open/1-10	_____	_____	_____	_____
Couples Spotlight Character	_____	_____	_____	_____
Couples Spotlight Dramatic	_____	_____	_____	_____
Couples Spotlight Light Ent.	_____	_____	_____	_____
Couples Spotlight Themed	_____	_____	_____	_____
Jump and Spin	_____	_____	_____	_____
Family Spotlight	_____	_____	_____	_____
Family Spotlight additional skaters	_____	_____	_____	_____

<p>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.</p>	<p>First Event \$ 87.00 Additional Events ____ X \$25 = \$ _____ Entry Total \$ _____ Hospitality/Administrative Fee \$ 18.00 Total Fee Due \$ _____</p>
<p>Coaches Signature _____ Date _____</p> <p>Parent/Skater Signature _____ Date _____</p>	