

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

Team Name: _____ Home Rink: _____ Team ISI# _____
 Primary Coach Name: _____ Primary Coach Professional ISI# _____
 Primary Coach E-Mail: _____ Primary Coach Phone # _____
 Secondary Coach Name: _____ Secondary Coach Professional ISI# _____
 Secondary Coach E-Mail: _____ Secondary Coach Phone # _____

TEAM EVENTS

Age Categories:

Tots _____ Jr. Youth _____ Youth _____ Sr. Youth _____ Teen _____ Collegiate _____ Adult _____ Master _____

- Synchronized Formation Compulsories
- Synchronized Skating Compulsories
- Synchronized Formation Team
- Synchronized Advanced Formation Team
- Synchronized Skating Team
- Synchronized Dance
- Synchronized Freestyle Level _____

- Production Team
- Ensemble
- Pattern Skating Team
- Kaleidoskate Team
- Theater Production
- Team Compulsories Level _____
- Themed Production

Skater Name	USFS	Age as of 7-1-24	ISI Number	
1				Teams Event Entries \$25 each Number of Entries _____ Entry Total \$ _____ Processing Fee \$ 5.00 Total Fee Due \$ _____
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10				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.
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Coaches Signature _____ Date _____