

**ISI Spring Fling
Individual Entry
April 17-19, 2026**

Last Name: _____ First Name: _____ ISI# _____ Sex F or M _____

Address: _____ DOB _____ Age as of April 17, 2026 _____

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 Entry Deadline March 6, 2026

Individual Events

| | | |
|---|---|--|
| <p style="text-align: center;">Tot 1-4 & Special Skater</p> <p><input type="checkbox"/> Solo</p> <p><input type="checkbox"/> Character Spotlight</p> <p><input type="checkbox"/> Light Entertainment Spot.</p> <p><input type="checkbox"/> Dramatic Spotlight</p> <p><input type="checkbox"/> Special Skater 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</p> <p><input type="checkbox"/> Stroking</p> <p><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</p> <p><input type="checkbox"/> Footwork</p> <p><input type="checkbox"/> Compulsories</p> <p><input type="checkbox"/> Artistic</p> <p><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</p> <p><input type="checkbox"/> Ball</p> <p><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</p> <p><input type="checkbox"/> Dramatic Spotlight</p> <p><input type="checkbox"/> Light Entertainment Spot.</p> <p><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</p> <p><input type="checkbox"/> Silver</p> <p><input type="checkbox"/> Gold</p> <p><input type="checkbox"/> Gold Short</p> <p><input type="checkbox"/> Platinum</p> <p><input type="checkbox"/> Platinum Short</p> <p><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 | _____ | _____ | _____ | _____ |

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 | \$ 85.00 |
| Additional Events ____ X \$25 = | \$ _____ |
| Entry Total | \$ _____ |
| Hospitality/Administrative Fee | \$ 15.00 |
| Total Fee Due | \$ _____ |