



Levels Tot-Delta INDIVIDUAL ENTRY FORM

2025 ISI Winter Classic

Location: City of St. Peters Rec-Plex
Event Dates: Feb. 14-16, 2025 • Test & Entry Deadline: Dec. 12, 2024
Email entry form to: Kim Hansen • khansen@skateisi.org
Tel: 972.735.8800 • www.skateisi.org

*** 2025 DISCOUNT*
EVENTS**

Enter any individual or partner event for \$85 and enter Solo Compulsories and/or Jump & Spin for only \$20 each.

YOUR INFORMATION (Please Print)

Current ISI Members of all ages are eligible to participate.

Last Name	First Name	ISI Member #	Exp. Date	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address		Birthdate	Age on Feb. 14, 2025	
City	State/Province	Zip	Country	Phone # (Required)
Home ISI Member Rink/Club		Email (Required)		

INDIVIDUAL EVENTS

Highest ISI Test Level

Tot 1 - 4/Pre-Alpha - Delta

- Solo Program
 - Solo Compulsories (Pre-Alpha - Delta)**
 - Solo Spotlight
 - Character
 - Dramatic
 - Light Entertainment
 - Themed
 - Stroking (Alpha - Delta)
- (May only enter two Solo Spotlight events with different programs)

PARTNER EVENTS

- Couple Spotlight Partner ISI # _____ Low (PA-DL)
Name: _____
- Character Dramatic Lt. Ent. (May only choose one)
- Themed Couple Spotlight ISI # _____ Low (PA-DL)
Name: _____
- Jump & Spin** Partner ISI # _____ Low (PA-DL)
Name: _____

Themed Spotlight for 2025 is "AROUND THE WORLD"

Celebrating the people, customs and places
in our wide, wide world!

For all Dance entries - please use separate Dance Entry form.

Be sure to sign here!

There will be **NO REFUNDS**. ISI reserves the right to limit the number of entries without notice. I skate at this competition at my own risk and hereby release ISI, the host facility(ies) and their owners, officers, directors, officials and personnel from all liability. I declare that the home rink listed above is the true rink/club/school that I wish to represent. Upon entering this competition, I hereby agree that any photographs or video taken of me, by ISI or any authorized party, may be used exclusively for any purpose by the ISI or any other use authorized by the ISI.

Skater signature _____ Date _____

Parent/guardian (if applicable) _____ Date _____

I declare that the information above is true, that this skater's test(s) is/are registered, that the skater is a current individual member of the ISI, and is skating in the proper categories and levels, and that the home rink listed above is correct.

Coach professional ISI # _____ Exp. date _____

Coach name (please print) _____ Date _____

Email address _____ Certification level _____

Is coach attending the event? Yes No (Judge/Coach credential info at skateisi.org)

PAYMENT INFORMATION

Credit Card # _____ Exp. date _____

Card Security Code _____ Card Billing Zip Code _____

Cardhold (please print) _____ Authorized Signature _____

FEES AND PAYMENT (all amounts are U.S. Dollars)

- First event \$ 85 *Family entry covers 3 or more family members' first event entry; each additional entry is \$35 per person per event.
- Each additional \$ 35 x ___ = \$ _____
- Family entry+ \$ 230 x ___ = \$ _____
- **Discount events \$ 20x ___ = \$ _____

NOTE: Memberships must be current through the event. Membership renewals may accompany this entry form. All test and memberships must be registered with ISI.

Entry total \$ _____

\$18 membership fee enclosed \$ _____

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 _____

