

INDIVIDUAL ENTRY FORM
ISI COMPETITION
May 1 & 2, 2010
Fort Myers Skatium



YOUR INFORMATION (please print)

Male Female

Last Name	First Name	ISI Member #	Exp. Date
Address		Birthdate	Age on May 1, 2010
City	State/Province	Zip	Country
Home Rink/Club		E-mail (Required)	USFSA Test Level
Are you an active USFSA member who has competed at or above the Novice level at any USFSA National Championship within the last two years? <input type="checkbox"/> Yes <input type="checkbox"/> No			

INDIVIDUAL EVENTS ENTRY DEADLINE April 1, 2010

ISI Test Level _____ <i>Tots - FS 10</i> <input type="checkbox"/> Solo Spotlight (choose one) <input type="checkbox"/> Character <input type="checkbox"/> Dramatic <input type="checkbox"/> Light Entertainment <input type="checkbox"/> Stroking Low (Alpha - Delta) <input type="checkbox"/> Stroking High (FS1 - 10)	<input type="checkbox"/> Compulsories (Tot 4 - 10) <input type="checkbox"/> Interpretive (FS 1 - 10) <input type="checkbox"/> Footwork (FS1-10) <input type="checkbox"/> Artistic (FS 1 - 10) Rhythmic Skating (choose one FS 1 - 10) <input type="checkbox"/> Ball <input type="checkbox"/> Hoop <input type="checkbox"/> Ribbon	<input type="checkbox"/> Solo Dance (1 - 10) <input type="checkbox"/> Family Spotlight <input type="checkbox"/> (Family Names) _____ _____ _____
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PARTNER ENTRIES	Partner Name	ISI#	Level (1 - 10)
<input type="checkbox"/> Couple Partner	<input type="checkbox"/> Sim <input type="checkbox"/> Mix		
<input type="checkbox"/> Pair Partner	<input type="checkbox"/> Sim <input type="checkbox"/> Mix		
<input type="checkbox"/> Couple Spotlight Character	<input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> Int <input type="checkbox"/> High		
<input type="checkbox"/> Couple Spotlight Drama	<input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> Int <input type="checkbox"/> High		
<input type="checkbox"/> Couple Spotlight Lt. Enter.	<input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> Int <input type="checkbox"/> High		
<input type="checkbox"/> Dance Partner	<input type="checkbox"/> Sim <input type="checkbox"/> Mix		
<input type="checkbox"/> Free Dance Partner	<input type="checkbox"/> Sim <input type="checkbox"/> Mix		

SKATER AND COACH SIGN HERE

SKATER - I skate at this competition at my own risk and hereby release ISI, Fort Myers Skatium and their 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

COACH - 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 Signature Date

 Coach Name (printed) ISI# Exp. Date

 E-mail address Certification Level

Is coach attending event? Yes No

NOTES - Memberships must be current through the event. All test and memberships must be registered with ISI Headquarters

FEES AND PAYMENTS (All amounts are U.S. Dollars)

First Event	\$45.00	x _____	= \$ _____
Each additional	\$10.00	x _____	= \$ _____
Practice Ice	\$10.00	x _____	= \$ _____
Competition Ad	\$15-\$100	x _____	= \$ _____
Family Entry	\$70.00	x _____	= \$ _____
(1st event for 2 people)	TOTAL		\$

Check payable to: **City of Fort Myers**
 Address: Fort Myers Skatium
 2250 Broadway
 Fort Myers, FL 33901

 Credit Card# or Check# Exp. Date

 Cardholder Name (print) Signature

**IF ACCEPTED, ENTRY FEES WILL BE DOUBLED AFTER
 ENTRY DEADLINE April 1, 2010.
 ANY CHANGES TO THIS ORIGINAL ENTRY FORM WILL RESULT IN A
 CHANGE FEE OF \$25 PER CHANGE/PER SKATER.**