



Team Entry Form

Name of Group	Instructor/Coach
Rink Representing	Coach's Home Telephone
Address	Rink Telephone
City, State, Zip	ISI Registration #

We Wish to Enter: (IMPORTANT Use one team entry form per team, per event.)

Open Synchronized				Age Category			
Synchronized Formation Compulsories				Tot			
Synchronized Formation Team				Junior Youth			
Advanced Formation							
Synchronized Skating Compulsories				Youth			
Synchronized Skating Team				Senior Youth			
Team Compulsories _____ (Indicate Level 1-10)				Teen			
Team Surprise _____ (Indicate Level)				Adult			
*Be sure to check the box if any skater has competed at a USFS National level within the last 2 yrs							o
Name	USFSA	Age as of 7/01/15	ISI #	Name	USFSA	Age as of 7/01/15	ISI #
1.				17.			
2.				18.			
3.				19.			
4.				20.			
5.				21.			
6.				22.			
7.				23.			
8.				24.			
9.				25.			
10.				Crossover	Skaters		Team #
11.				1.			
12.				2.			
13.				3.			
14.				4.			
15.				5.			

Entry Deadline: Sept 19, 2015. There will be no refunds. Memberships must be Current through event. Expired Memberships renewals must

Accompany this entry application. Upon entering this competition, we hereby agree that any photographs or video tapes taken of our team by the Chiller or any other authorized party, may be used exclusively for any purpose By the Chiller or any other use authorized by the Chiller. I declare that the Information above is true and that all skaters have current individual Membership with ISI, and I have notified all team members that they skate at their own risk, and hereby release ISI, the host facility, and their personnel from all liability

Entry Fees:
Synchronized Skating Compulsories
\$30 per team and \$7.50 per member
Synchronized Formation Compulsories
\$30 per team
Team Compulsories is an additional event per skater

_____ **Coaches Signature** _____ **Date**