



INDIVIDUAL ENTRY FORM

Hosted by OhioHealth Chiller Easton

October 4-5, 2014

Endorsed by ISI

Name _____ Male _____ Female _____

Address _____

Street _____ City _____ State _____ Zip _____
D/O/B _____ Age(10/4/14) _____ Phone _____ Email _____

Rink _____ ISI Membership# _____ Exp.Date _____

I wish to compete in the following events:

Individual Events	Level
Tot 1-4	_____
Pre-Alpha-Delta (indicate level)	_____
Stroking (indicate PA-D)	_____
Freestyle 1-10 (FS 4 or 4 gold)	_____
Open Freestyle (indicate level)	_____
Solo Compulsories 1-10	_____
Interpretive 1-10	_____
Artistic 1-10	_____
Footwork 1-10	_____
Choice Dance 1-10(list)	_____
Surprise	_____
Spotlight (indicate C,D,LE)	_____

Partner Events	Level
Pro Partner Choice Dance	
List Partner Name	_____
List Dance	_____
Couples Spotlight (indicate C,D,LE)	_____
Partner Name and ISI #	_____
Family Spotlight	
Partner Names & ISI #	_____

Jump & Spin Team	_____
Partner Name & ISI #	_____

Entry Deadline Sept 6, 2014

Make checks payable to The Chiller and mail entry forms to:
3600 Chiller Lane
Columbus, OH 43219
Attn: Megan Ross
mross@thechiller.com

Entry Fees:

First Event	\$55 _____
Each Additional Event	\$15 _____
Family Entry Fee	\$80 _____
Late Entry Fee	\$15 _____
Total Entry Fee	\$ _____

Are you an active USFS member who has competed at or above the Novice Level at any USFS National Championships within the last 2 years? _____Yes _____No

I skate at this competition at my own risk and hereby release ISI Chiller LLC and their agents/personnel from all liability.

Signature of skater _____ Date _____

Signature of Parent or Guardian _____ Date _____

I declare that the above information is true that this skater's tests are registered, that the skater is a current individual member of ISI, and is skating in the proper categories and levels.

Instructor Signature _____ ISI # _____

Instructor Name (please print) _____