



TEAM ENTRY FORM

2019 ISI Synchronized Championships

Location: Doug Woog Arena • South St. Paul, MN
 Event Dates: April 12-14, 2019 • Entry Deadline: Feb. 1, 2019
 Send entry and fee to: ISI, 6000 Custer Rd, Bldg 9; Plano TX 75023
 Tel: 972.735.8800 • Fax: 972.735.8815 • www.skateisi.org

*** TEAM PHOTO ***

Please include one team photo per team with entry form.

YOUR INFORMATION (Please Print)

Current ISI Members of all ages are eligible to participate.

Name of Team		Home ISI Member Rink/Club	
Coach Name	Coach Professional ISI #	Coach Certification Level	
Coach Phone # (Required)	Coach Email (Required)	ISI Team Registration #	
Team Manager Name	ISI #	Phone # (Required)	Email (Required)

WE WISH TO ENTER: (Important: Use one (1) team entry form per team, per event. Please send team photo with entry.)

- | | |
|--|--|
| <input type="checkbox"/> Synchronized Formation Compulsories
<input type="checkbox"/> Synchronized Skating Compulsories
<input type="checkbox"/> Synchronized Formation Team
<input type="checkbox"/> Synchronized Advanced Formation Team
<input type="checkbox"/> Synchronized Skating Team
<input type="checkbox"/> Synchronized Open Skating Team
<input type="checkbox"/> Synchronized Dance

<small>(Check the USFSA box for any team member who has competed at or above the Novice level at any USFSA National Championship within the last two years)</small> | Age Divisions (Choose one)
<input type="checkbox"/> Tot Maj. 6 & under
<input type="checkbox"/> Jr. Youth Maj. 8 & under
<input type="checkbox"/> Youth Maj. 9-11 yrs.
<input type="checkbox"/> Sr. Youth Maj. 12-14 yrs.
<input type="checkbox"/> Teen Maj. 14-19 yrs.
<input type="checkbox"/> Collegiate Maj. 18-25 yrs.
<input type="checkbox"/> Adult Maj. 20-39 yrs.
<input type="checkbox"/> Master Maj. 40+ yrs. |
|--|--|

For 2019 ISI Synchronized Championships:

- We will use 5 Judges for all Final Round events.
- The top half of each Initial Round group will proceed to the **Premier Round**. The remaining teams will proceed to the **Select Round**.
- If there are less than 8 teams in any one age group or category, the Initial Round will not be held and there will only be one Final Round Performance for that age group or category.
- Complimentary practice ice included for all events without an Initial Round.

TEAM MEMBERS: PLEASE ATTACH TEAM ROSTER WITH REQUIRED INFORMATION OR CLEARLY PRINT INFORMATION BELOW

Name	USFSA	Age on 7/1/18*	ISI #	Name	USFSA	Age on 7/1/18*	ISI #
1				13			
2				14			
3				15			
4				16			
5				17			
6				18			
7				19			
8				20			
9				21			
10				22			
11				23			
12				24			

Be sure to sign here!

There will be **NO REFUNDS**. Memberships must be current through event. Expired membership renewals must accompany this entry application.

Upon entering this competition, we hereby agree that any photographs or video taken of our team by ISI or authorized party may be used exclusively for any purpose by the ISI or any other use authorized by ISI.

I declare that the information above is true and that all skaters have current individual memberships with ISI. I have notified all team members that they skate at their own risk, and hereby release ISI, the host facilities and their owners, officers, directors, officials and personnel from all liability.

Coach signature _____ Date _____
(Judge/Coach/Team Mgr. credential info at skateisi.org)

TEAM ENTRY FEES (All amounts are U.S. Dollars)

\$30 per person. (\$750 maximum per team)

- Team event entry # _____ skaters x \$30 = \$ _____
 Team Fee \$ 75 x 1 = \$ 75

Entry total \$ _____
 ISIA Education Foundation donation \$ _____
(Tax deductible)
 Processing fee \$ 3.00
Total enclosed \$ _____
(Make check payable to ISI)

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.

PAYMENT INFORMATION

Credit Card # _____	Exp. date _____
Card Security Code _____	Card Billing Zip Code _____
Cardhold (please print) _____	Authorized Signature _____

OFFICE USE ONLY

Date received _____	Initials _____
Amount _____	Check # _____

