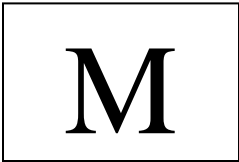




ISI Synchronized Team Membership Form 2019-2020



A Synchronized Team Membership is for synchro teams whose home rink is NOT an ISI Administrative member.

This membership will allow this team to be registered with the ISI National office and eligible to compete at local or national ISI competitions. The individual skaters on this team **MUST** be an individual ISI skating member (\$15/skater annually) and the coach of this team **MUST** be an ISI professional member (\$85/coach annually).

This form is to be used by Synchronized Teams only to register membership for the 2019-20 skating season ending 8/31/20. Membership is **\$99 PER TEAM** and must be included with this form by check or with credit card details below.

All teams may designate a Team Manager so that they receive a background check and are eligible to receive a competition credential to be with that team at ISI National Events. If more team managers are needed, an additional \$25 per individual is required.

All team members will receive an "ISI Team Member" patch and a crescent patch for the 2019-20 season. The coach will receive a complimentary copy of the latest ISI Handbook.

Team Name (Please Print) _____ **Previous ISI Team #** _____

Team Contact _____ **Phone #** _____ **E-mail** _____

Team Mailing Address – This address is for: Rink / Coach / Contact (circle one) _____ **City** _____ **State** _____ **Zip** _____

Home Rink Name _____ **City** _____ **State** _____

Team Coach Name _____ **New coach this year? Yes or No** _____

ISI Professional # _____ Exp. Date _____ ISI Certification Level _____

Phone _____ E-mail _____

Team Manager Name _____

ISI Member # _____ Exp. Date _____

Phone _____ E-mail _____

This team plans to compete in BOTH ISI and USFS competitions this season Yes _____ No _____

This team has competed in a USFS national event at the Novice level or above in the past 2 years Yes _____ No _____

TEAM DIVISION:

- SYNCHRONIZED FORMATION
- SYNCHRONIZED SKATING
- SYNCHRONIZED DANCE
- ADVANCED FORMATION
- OPEN SKATING

AGE CATEGORY: (Age as of **July 1, 2019**) If there is no majority age group, the team must register at the next higher age category.

- TOT Majority 6 yrs. & under
- JR. YOUTH Majority 8 yrs. & under
- YOUTH Majority 9-11 yrs.
- SR. YOUTH Majority 12-14 yrs.
- TEEN Majority 14-19 yrs.
- COLLEGIATE Majority 18-25 yrs
- ADULT Majority 20 yrs. & older
- MASTER Majority 40 yrs. & older

TOTAL NUMBER OF SKATERS: _____ (Please list all skaters on the Roster provided below)

Return payment with form or include credit card details below

ISI / 6000 Custer Rd. Bldg. 9 / Plano, TX 75023 Tel: 972-735-8800 / Fax: 972-735-8815 or e-mail: sandey@skateisi.org

Card # _____ Exp. Date _____ Tel. (must be included) _____

Card Billing Address – including City / State / Zip _____ E-mail _____

2019-20 ISI Synchronized Team Registration

(Use this form or attach current team roster with this information)

For skaters that need an ISI individual membership they can register as individuals online thru our website. For multiple memberships please use the skater membership spreadsheet provided listing out all the information required and the office will process them along with this synchro team membership.

<u>Skater Name</u>	<u>ISI #</u>	<u>Expiration Date</u>	<u>Age as of 7-1-2019</u>
1 _____			
2 _____			
3 _____			
4 _____			
5 _____			
6 _____			
7 _____			
8 _____			
9 _____			
10 _____			
11 _____			
12 _____			
13 _____			
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17 _____			
18 _____			
19 _____			
20 _____			
21 _____			
22 _____			
23 _____			
24 _____			

I certify that all the information listed on this Synchronized Skating Team Membership Form is true and accurate.

Signature of Team Coach