



Levels Tot-Delta INDIVIDUAL ENTRY FORM

* 2020 DISCOUNT* EVENTS

Enter any individual or partner event for \$70 and enter Solo Compulsories and/or Jump & Spin for **only \$20 each.**

2020 ISI West Coast Championships

Location: Sprinker Recreation Center - Tacoma, WA
Event Dates: Jan. 17-19, 2020 • Test & Entry Deadline: Nov. 10, 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

YOUR INFORMATION (Please Print) Current ISI Members of all ages are eligible to participate.

Last Name	First Name	ISI Member #	Exp. Date	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address		Birthdate	Age on Jan. 17, 2020	
City	State/Province	Zip	Country	Phone # (Required)
Home ISI Member Rink/Club		Email (Required)		

INDIVIDUAL EVENTS

Highest ISI Test Level

Tot 1 - 4/Pre-Alpha - Delta

- | | |
|--|---|
| <input type="checkbox"/> Solo Program
<input type="checkbox"/> Solo Compulsories (Pre-Alpha - Delta)**
<input type="checkbox"/> Solo Spotlight
<input type="checkbox"/> Character
<input type="checkbox"/> Dramatic
<input type="checkbox"/> Light Entertainment
<input type="checkbox"/> Themed | (May only enter two Solo Spotlight events with different programs)

<input type="checkbox"/> Stroking (Alpha - Delta) |
|--|---|

PARTNER EVENTS

<input type="checkbox"/> Couple Spotlight Partner ISI # _____	Low (PA-DL)
Name: _____	<input type="checkbox"/>
<input type="checkbox"/> Character <input type="checkbox"/> Dramatic <input type="checkbox"/> Lt. Ent. (May only choose one)	
<input type="checkbox"/> Themed Couple Spotlight ISI # _____	Low (PA-DL)
Name: _____	<input type="checkbox"/>
<input type="checkbox"/> Jump & Spin** Partner ISI # _____	Low (PA-DL)
Name: _____	<input type="checkbox"/>

Themed Spotlight for 2020 is

“Vacation”

...All I ever wanted; had to get away

For all Dance entries - please use separate Dance Entry form.

Be sure to sign here!

There will be **NO REFUNDS**. ISI reserves the right to limit the number of entries without notice. I skate at this competition at my own risk and hereby release ISI, the host facility(ies) and their owners, 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
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 professional ISI #	Exp. date
Coach name (please print)	Date
Email address	Certification level
Is coach attending the event? <input type="checkbox"/> Yes <input type="checkbox"/> No (Judge/Coach credential info at skateisi.org)	

FEES AND PAYMENT (all amounts are U.S. Dollars)

- | | | |
|---|-------------------------|---|
| <input checked="" type="checkbox"/> First event | \$ 70 | *Family entry covers 3 or more family members' first event entry; each additional entry is \$35 per person per event. |
| <input type="checkbox"/> Each additional | \$ 35 x ___ = \$ _____ | |
| <input type="checkbox"/> Family entry+ | \$ 180 x ___ = \$ _____ | |
| <input type="checkbox"/> **Discount events | \$ 20 x ___ = \$ _____ | |

NOTE: Memberships must be current through the event. Membership renewals may accompany this entry form. All test and memberships must be registered with ISI.

Entry total	\$ _____
\$15 membership fee enclosed	\$ _____
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 #

