



# Levels 1-10 INDIVIDUAL ENTRY FORM

## 2020 ISI Adult Championships

Location: Las Vegas Ice Center • Las Vegas, NV  
 Event Dates: Oct. 9-11, 2020 • Test & Entry Deadline: Aug. 15, 2020  
 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

**\* 2020 DISCOUNT\* EVENTS**  
 Enter any individual or partner event for \$90 and enter Solo Compulsories, Jump & Spin, and/or Interpretive for only \$20 each.

### 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 Oct. 9, 2020 |   |
| City  | State/Province | Zip          | Country             | Phone # (Required)  |
| Home ISI Member Rink, Club, School, College or University |                |              | Email (Required)    | USFSA Freestyle Test Level                                    |

Are you an active USFSA member who has competed at or above the Novice level at any USFSA National Championship within the last two years?  Yes  No

### INDIVIDUAL EVENTS

|  |   |   |
|--|---|---|
| <b>Highest ISI Test Level</b><br>_____<br>FS 1-10 or Bronze-Platinum | <input type="checkbox"/> Footwork<br><input type="checkbox"/> Interpretive**<br><input type="checkbox"/> Artistic<br><input type="checkbox"/> Rhythmic Skating<br><input type="checkbox"/> Ball <input type="checkbox"/> Hoop <input type="checkbox"/> Ribbon<br><input type="checkbox"/> Special Skater Stroking<br><br><input type="checkbox"/> Special Skater (1-10) _____ | <input type="checkbox"/> Hockey Skating <input type="checkbox"/> Goalie<br><input type="checkbox"/> Hockey Shooting<br><input type="checkbox"/> Figures (1-10) _____<br><input type="checkbox"/> Figures<br><input type="checkbox"/> Free Figures<br><input type="checkbox"/> Creative Figures<br><br><b>ISI Open Freestyle Event</b><br><input type="checkbox"/> Bronze (FS 1-3) <input type="checkbox"/> Silver (FS 4-5)<br><input type="checkbox"/> Gold (FS 6-7) <input type="checkbox"/> Platinum (FS 8-10)<br><input type="checkbox"/> Gold Short <input type="checkbox"/> Platinum Short<br><input type="checkbox"/> Platinum Plus |
|--|---|---|

(May only enter two Solo Spotlight events with different programs)  
(May only enter two Rhythmic events with different programs)

### PARTNER EVENTS

|   |   |
|---|---|
| <input type="checkbox"/> Couple Partner ISI # _____<br>Name: _____<br>Level (1-10) _____<br><input type="checkbox"/> Sim <input type="checkbox"/> Mix<br><br><input type="checkbox"/> Pair Partner ISI# _____<br>Name: _____<br>Level (1-10) _____ Level (B-P) _____<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">New Open Pair<br/>Bronze - Platinum</div>  | <p style="text-align: center;"><b>Themed Spotlight for 2020 is</b><br/> <b>"Vacation"</b><br/> <i>...All I ever wanted; had to get away.</i></p>  |
| <input type="checkbox"/> Couple Spotlight Partner ISI # _____<br>Name: _____<br><input type="checkbox"/> Character <input type="checkbox"/> Dramatic <input type="checkbox"/> Lt. Ent.<br>(May only choose one)<br><br><input type="checkbox"/> Themed Couple Spotlight ISI # _____<br>Name: _____<br>Bronze (FS1-3) Silver (FS4-5) Gold (FS6-7) Platinum (FS8-10)<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <p style="text-align: center;"><b>For all Dance entries - please use separate Dance Entry form.</b></p> <input type="checkbox"/> Jump & Spin** Partner ISI# _____<br>Name: _____<br>Bronze (FS1-3) Silver (FS4-5) Gold (FS6-7) Platinum (FS8-10)<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

### 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 | \$ 90                     | +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.  
**(Levels 9 & 10 receive first event free.)**

|                              |          |
|------------------------------|----------|
| 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.

### OFFICE USE ONLY

|               |          |
|---------------|----------|
| Date received | Initials |
| Amount        | Check #  |

### PAYMENT INFORMATION

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

