



TEAM ENTRY FORM

2022years later ISI Synchronized Championships

Location: Valley Sports Arena • Concord, MA
 Event Dates: April 1-3, 2022 • Entry Deadline: Feb. 1, 2022
 Email entry form with payment to: Kim Hansen • khansen@skateisi.org
 (NOTE: Checks will not be accepted)
 Tel: 972.735.8800 • www.skateisi.org

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 2022 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.
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TEAM MEMBERS: PLEASE ATTACH TEAM ROSTER WITH REQUIRED INFORMATION OR CLEARLY PRINT INFORMATION BELOW

Name	USFSA	Age on 7/1/21*	ISI #	Name	USFSA	Age on 7/1/21*	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)

PAYMENT INFORMATION

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

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

\$40 per person. (\$800 maximum per team)

Team event entry # _____ skaters x \$40 = \$ _____
 Team Fee \$ 75 x 1 = \$ 75
 Entry total \$ _____
 Processing fee \$ 5
 Total \$ _____

(Checks will NOT be accepted. All payments must be by credit card and all forms must be emailed to Kim Hansen at khansen@skateisi.org)

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 _____

