



TEAM COMPETITION REPORT FORM

Please complete and return to ISI within 30 days of the competition.

Name of Host Facility: _____ ISI Endorsement #: _____

Rink City, State: _____ Event Date(s): _____

Competition Director: _____ District: _____

1st – 5th PLACE OVERALL TEAMS

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

TOTAL NUMBER OF PARTICIPANTS

of Rinks: _____

of Skaters: _____

of Synchro Teams: _____

COMPETITION EVENTS SUMMARY – Please check all events that were entered

INDIVIDUAL EVENTS

- _____ Tots
- _____ Pre-Alpha
- _____ Alpha – Delta
- _____ Freestyle / Open Freestyle
- _____ Spotlight
- _____ Rhythmic
- _____ Couples Spotlight
- _____ Interpretive
- _____ Artistic
- _____ Footwork
- _____ Stroking
- _____ Couples
- _____ Pairs
- _____ Ice Dancing
- _____ Hockey
- _____ Figures – Solo / Free / Creative
- _____ Special Skater

TEAM EVENTS

- _____ Family Spotlight
- _____ Jump & Spin Teams
- _____ Synchro Formation Teams
- _____ Synchro Formation Compulsories
- _____ Synchro Skating Teams
- _____ Synchro Skating Compulsories
- _____ Synchro Dance Teams
- _____ Kaleidoskate
- _____ Pattern Skating
- _____ Production Numbers
- _____ Freestyle Synchro
- _____ Team Compulsories
- _____ Ensemble
- _____ Created Events

Did you have any level 8 skaters? Yes No
 Did you have any level 9 skaters? Yes No
 Did you have any level 10 skaters? Yes No

If Yes, how many? _____
 If Yes, how many? _____
 If Yes, how many? _____

Competition Director Signature

Date

Please scan/return completed form to:

khansen@skateisi.org

Phone: (972) 735-8800 Fax: (972) 735-8815