

TEAM ENTRY FORM
ISI Competition
September 24-26, 2010
 Fort Myers Skatium



Fort Myers Skatium
 Ph: 239-321-7516
www.fmskatium.org

TEAM INFORMATION **ENTRY DEADLINE August 24, 2010**

Name of Team		Home Rink/Club
Coach Name	Coach Professional ISI#	Coach Certification Level
Coach Phone# (Required)		ISI Team Registration# (Synchronized teams only)

TEAM EVENTS **ENTRY DEADLINE August 24, 2010** **Use 1 form per Team per Event**

<input type="checkbox"/> Synchronized Formation Compulsories <input type="checkbox"/> Synchronized Skating Compulsories <input type="checkbox"/> Synchronized Formation Team <input type="checkbox"/> Synchronized Skating Team <input type="checkbox"/> Synchronized Dance	<input type="checkbox"/> Family Spotlight <input type="checkbox"/> Production Team <input type="checkbox"/> Ensemble <input type="checkbox"/> Pattern Team <input type="checkbox"/> Kaleidoskate Team	Age Category (Choose one) <input type="checkbox"/> Tot <input type="checkbox"/> Jr. Youth <input type="checkbox"/> Youth <input type="checkbox"/> Sr. Youth <input type="checkbox"/> Teen <input type="checkbox"/> Adult	**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 yrs
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TEAM MEMBERS (Use additional sheet for more than 24 skaters)

Name	USFSA**	Age	ISI#	Name	USFSA**	Age	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.			

COACH SIGN HERE

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 officers, directors, officials and personnel from all liability.

Coach Signature _____ Date _____

IF ACCEPTED, ENTRY FEES WILL BE DOUBLED AFTER ENTRY DEADLINE August 24, 2010. ANY CHANGES TO THIS ORIGINAL ENTRY FORM WILL RESULT IN A CHANGE FEE OF \$25 PER CHANGE/PER SKATER.

FEES AND PAYMENTS (U.S. Dollars, NO REFUNDS)

\$10.00 per person per event Team entry fee

Team event entry \$10.00 x _____ = \$ _____

TOTAL \$

Check payable to: **City of Fort Myers**
 Address: Fort Myers Skatium
 2250 Broadway
 Fort Myers, FL 33901

Credit Card# _____ Exp. Date _____

Cardholder Name (print) _____ Signature _____

OFFICE USE ONLY
 Check# _____ Amount _____