2017 ISI DISTRICT 18 COMPETITON **INDIVIDUAL ENTRY FORM** **JANUARY 20 – 22, 2017**

Last Name_____ First Name_____ ISI #_____ Sex F or M____

Address_____ Date of Birth_____ Age as of December 30, 2016_____

City_____ State_____ Zip_____ Phone_____

Home Rink_____ E-Mail (Required)_____ USFS level_____

Are you an active USFS member who has competed at or above the Novice Level at any US National championships in the past two years? Y or N

INDIVIDUAL EVENTS:

Pre-Alpha—Delta
Level_____
Solo ____
Stroking ____
Compulsories____
Interpretive _____

Figures
Level ____
Creative ____
Free ____
Regular _____

Created Events
Team Interp _____
Sit Spin _____
Jumps _____

Freestyle 1 – 10
Level_____
Solo _____
Stroking _____
Compulsory_____
Interpretive_____
Footwork ____
Artistic _____
Surprise_____

Dance & Open Dance
Level _____
Solo _____
Solo Free _____
Solo Choice _____

Open Freestyle Events
Level _____
Bronze FS ____
Silver FS ____
Gold FS ____
Gold FS Short _____
Platinum FS ____
Platinum FS Short _____

Tot 1-4 & Special Skater
Level_____
Solo ____
Compulsories_____
Spotlight:
Character____
Dramatic____
Lt. Entertainment ____

Spotlight (Pre-Alpha-FS 10)
Level _____
Character ____
Dramatic ____
Lt. Entertainment ____
Themed _____

Rhythmic
Level_____
Hoop ____
Ball _____
Ribbon ____

Hockey
Goalie ___
Shooting ___
Skating ___

Partnered Events(Please Circle Events)		Partners Name	Partners ISI #	Partners Age	Sim/Mix
Couple	Level____	_____	_____	_____	_____
Pairs/Open Pairs	Level____	_____	_____	_____	_____
Free Dance	Level____	_____	_____	_____	_____
Couple Spotlight	Level____	_____	_____	_____	_____
Character/Dramatic/Lt. Entertainment/Themed (Please Circle One)					
Jump & Spin Team (2)	Level____	_____	_____	_____	_____

SKATER-I skate at this competition at my own risk and hereby release ISI, Fort Myers Skatium and their officers, directors, officials, and personnel from all liability. I declare that the home rink listed above is the true rink that I wish to represent.
Skater Signature_____ Date_____
Parent/Guardian Signature_____ Date_____
COACH-I declare that the information above is true, that this skater's test is/are registered, that the skater is a current individual member of ISI, and is skating in the proper categories and levels, and that the home rink listed above is correct. I declare that I hold the proper memberships, and insurance to protect myself in case of injury. I hereby release ISI, Fort Myers Skatium and their officers, directors, officials and personnel from all liability.
Coach's Signature_____ Date_____ ISI # _____
Contact Number_____ E-mail Address _____ Certification Level_____

REGISTRATION FEES:

First Event	$65	$_____
Additional Event	$15/$10(Discounted Event)	$_____
Family Entry	*$90	$_____

*(Covers all Family members first entry, each additional entry $10 per skater)

Total Amount Enclosed $_____

Make Checks Payable to The City of Fort Myers. Late entries if accepted, will be charged double entry fees.

Credit Card Payment:
Name_____ Visa___ Mastercard___ Amex ___ Discover ___
Card Number_____ Exp.Date_____,SecurityCode_____ Billing ZipCode_____