

**2017 ISI DISTRICT 18 CHAMPIONSHIPS    TEAM ENTRY    JANUARY 20 – 22, 2017**

Name of Team \_\_\_\_\_ Home Rink/Club \_\_\_\_\_

Coach Name \_\_\_\_\_ Coach Professional ISI # \_\_\_\_\_

Certification Level \_\_\_\_\_ ISI Team Registration (Synchro only) \_\_\_\_\_

Coach E-mail (Required) \_\_\_\_\_ Coach telephone # \_\_\_\_\_

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| <p><b>TEAM EVENTS</b></p> <p>____ Synchronized Formation Compulsories</p> <p>____ Synchronized Skating Compulsories</p> <p>____ Synchronized Formation Team</p> <p>____ Synchronized Skating Team</p> <p>____ Advanced Formation Team</p> <p>____ Pattern Team</p> <p>____ Open Skating Team</p> <p>____ Synchronized Dance</p> <p>____ Kaleidoskate Team</p> <p>____ Freestyle Synchro</p> <p>____ Theater Production Team</p> | <p>____ Jump &amp; Spin (4+)</p> <p>____ Production Team (Regular or Theater)</p> <p>____ Ensemble</p> <p>____ <b>Team Surprise (Discounted event)</b></p> <p>____ Team Compulsories Level _____</p> <p>____ Family Spotlight</p> <p>Age Category (Choose One)</p> <p>____ Tots                      ____ Sr. Youth</p> <p>____ Jr. Youth                ____ Teen</p> <p>____ Youth                    ____ Adult</p> <p>____ Collegiate</p> |
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\*\*\*Check the USFS box for any team who has competed at or above the Novice level at any USFS National Championships within the last two years.

**\*Please note that the age as of date for synchronized team events is 7/1/16**

Name	USFS	Age as of 1/20/17	ISI Number
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____
4 _____	_____	_____	_____
5 _____	_____	_____	_____
6 _____	_____	_____	_____
7 _____	_____	_____	_____
8 _____	_____	_____	_____
9 _____	_____	_____	_____
10 _____	_____	_____	_____
11 _____	_____	_____	_____
12 _____	_____	_____	_____
13 _____	_____	_____	_____
14 _____	_____	_____	_____
15 _____	_____	_____	_____
16 _____	_____	_____	_____
17 _____	_____	_____	_____
18 _____	_____	_____	_____
19 _____	_____	_____	_____
20 _____	_____	_____	_____
21 _____	_____	_____	_____
22 _____	_____	_____	_____
23 _____	_____	_____	_____
24 _____	_____	_____	_____

Be sure to sign here. There will be no refunds. Membership must be current through event. Expired membership renewals must accompany this entry form. Upon entering this competition, we hereby agree that any photographs or video taken of your 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 this information 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 facility from all liability. Coach's signature \_\_\_\_\_ Date \_\_\_\_\_

Registration Fees: Make checks payable to The City of Fort Myers. \$15 per person per Team entry. Entry fees are doubled if received after competition deadline.

Team event entry \$15 x \_\_\_\_\_ = \$ \_\_\_\_\_  
 Total amount enclosed \$ \_\_\_\_\_