

4th Annual Dream Bigger, Aim Higher, Reach Farther ISI Team Competition

Individual Entry Form

Registration Deadline - Monday, September 16, 2024

YOUR INFORMATION (Please print) Current ISI Members of all ages are eligible to participate.

Last Name	First Name	ISI Member #	Exp. Date	Male or Female
Address		Birthdate	Age on October 4, 2024	
City	State	Zip	Phone # (Required)	
Home ISI Member Rink/Club/School		Email (Required)	USFS FS Test Level	

Are you an active USFS Member who has competed at or above the Novice level at USFS National Championships within the last two years? Yes or No

INDIVIDUAL EVENTS

<p>Highest ISI Test Level _____ Tot, Pre-Alpha -Delta, FS 1-10 or Bronze-Platinum</p> <hr/> <p><input type="checkbox"/> Solo Program</p> <p><input type="checkbox"/> Solo Compulsories (PreAlpha – FS10)</p> <p><input type="checkbox"/> Solo Spotlight</p> <p style="margin-left: 20px;"><input type="checkbox"/> Character</p> <p style="margin-left: 20px;"><input type="checkbox"/> Dramatic</p> <p style="margin-left: 20px;"><input type="checkbox"/> Light Entertainment</p> <p style="margin-left: 20px;"><input type="checkbox"/> Themed</p> <p style="margin-left: 20px;">(May only enter 2 solo spotlights)</p>	<p><input type="checkbox"/> Footwork</p> <p><input type="checkbox"/> Interpretive</p> <p><input type="checkbox"/> Spotlight Interpretive</p> <p><input type="checkbox"/> Solo Dance (1-10) _____</p> <p><input type="checkbox"/> Artistic</p> <p><input type="checkbox"/> Rhythmic Skating</p> <p style="margin-left: 20px;"><input type="checkbox"/> Ball <input type="checkbox"/> Hoop <input type="checkbox"/> Ribbon</p> <p><input type="checkbox"/> Stroking (Alpha – FS10)</p> <hr/> <p><input type="checkbox"/> Special Skater Stroking</p> <p><input type="checkbox"/> Special Skater (1-10) _____</p> <p><input type="checkbox"/> Special Skater Compulsory</p>	<p><input type="checkbox"/> Hockey Skating <input type="checkbox"/> Goalie</p> <p><input type="checkbox"/> Hockey Shooting</p> <hr/> <p><input type="checkbox"/> Figures (1-10) _____</p> <p style="margin-left: 20px;"><input type="checkbox"/> Figures</p> <p style="margin-left: 20px;"><input type="checkbox"/> Free Figures</p> <p style="margin-left: 20px;"><input type="checkbox"/> Creative Figures</p> <hr/> <p style="text-align: center;"><u>ISI Open Freestyle Event</u></p> <p><input type="checkbox"/> Bronze(FS 1-3) <input type="checkbox"/> Silver(FS 4-5)</p> <p><input type="checkbox"/> Gold (FS6-7) <input type="checkbox"/> Platinum (FS8-10)</p> <p><input type="checkbox"/> Gold Short <input type="checkbox"/> Platinum Short</p> <p style="margin-left: 200px;"><input type="checkbox"/> Platinum Plus</p>
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PARTNER EVENTS

Couple Partner ISI# _____ Sim Mix
Name: _____ Level(1-10)

Pair Partner ISI# _____
Name: _____ Level (1-10)

Couple Spotlight Partner ISI# _____
Name: _____

Bronze (FS1-3) Silver (FS4-5) Gold (FS6-7) Platinum (FS8-10)

Character Dramatic Lt. Ent Themed (choose 1)

Themed Couple Spotlight Partner ISI# _____
Name: _____

Bronze (FS1-3) Silver (FS4-5) Gold (FS6-7) Platinum (FS8-10)

Ice Dance Partner ISI# _____
Name: _____ Level 1-10

Mixed Similar Free Dance Pro-Partner

Themed Spotlight for 2024 is

“Back to the 80s”

Grab your leg warmers, hair crimper and neon gear and give us your totally rad program!

Jump & Spin Partner ISI# _____
Name: _____

Low (Pre-alpha to Delta)

Bronze (FS1-3)

Silver (FS4-5)

Gold (FS6-7)

Platinum (FS8-10)

FEES & PAYMENT:

First Event (Single Entry)	\$60.00	
Family Entry (covers 3 events)	\$100.00	
Additional Events	\$20each x _____	
Late Entry if allowed (\$50.00 extra)		
TOTAL ENTRY FEE		
Coach professional ISI# _____		
Coach Name (please print) _____		

There will be **NO REFUNDS**. HSSTA reserves the right to limit the number of entries without notice. I skate at this competition at my own risk and hereby release ISI, the host facility and their owners, officers, directors, officials and personnel from all liability. I declare that the home rink listed on my application is the true rink/club/school that I wish to represent. Upon entering this competition, I hereby agree that any photographs or video taken of me, by ISI or any authorized party, may be used exclusively for any purpose by the ISI or any other use authorized by the ISI.

Signature of Skater/Parent or Guardian: _____ **DATE:** _____

**4th Annual Dream Bigger, Aim Higher, Reach Farther ISI Team Competition
October 4 - October 6, 2024**

Program Advertisement Form

Emailed on or before Monday, September 16, 2024

Name: _____

Phone Number: _____ Email: _____

Company Name (If Applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

___ Full Page Ad \$100.00

___ Quarter Page Ad \$25.00

___ Half Page Ad \$55.00

___ Business Card Size Ad \$15.00

Make Checks Payable to: HSSTA

Mail to HSSTA, 3185 Leeman Ferry Rd, Huntsville AL 35801

Email to:

Heidi Parker

heidi@icesportscenter.com

Attach Ad information to form

Message you would like to include (Please print clearly):

Please check one:

___ We are so proud of you!!!

___ SK8 GR8!!!

___ Good Luck!!!

___ Go for the Gold!!!

___ Go for it!!!