

Endorsed by:
THE ICE SPORTS INDUSTRY
#38502632

2024 Newark Shamrock and Roll Competition
Hosted by the Lou & Gib Reese Ice Arena March 22-24, 2024
DUE DATE: TUESDAY, FEBRUARY 20, 2024

Send entry and fee to:
Lou & Gib Reese Ice Arena
936 Sharon Valley Rd.
Newark, Ohio 43055

SKATER INFORMATIONOnly current ISI Members are eligible to participate

Last Name		First Name		ISI #	M/F
Address				Birthdate	Age on 3/22/24
City	State	Zip	Phone #		
Home ISI Member Rink/Club			E-mail (required)		USFS FS Test Level
Are you an active USFS member who has competed at or above the Novice level at any USFS Nation Championships within the last two years?					Yes/No

INDIVIDUALEVENTSHighest test levels must be registered by February 20, 2024

Highest ISI Test Level _____ Tot 1-4/Pre-Alpha-Delta FS 1-10 or Bronze-Platinum	<input type="checkbox"/> Stroking (Alpha-Delta only) <input type="checkbox"/> Footwork (FS 1-10) <input type="checkbox"/> Interpretive (FS 1-10, Bronze-Platinum) <input type="checkbox"/> Rhythmic Skating (FS 1-10) <div><input type="checkbox"/> Ball <input type="checkbox"/> Hoop <input type="checkbox"/> Ribbon</div> <input type="checkbox"/> Artistic (FS 1-10) <input type="checkbox"/> Special Skater Solo (1-10)	ISI Open Freestyle <input type="checkbox"/> Bronze (FS 1-3) <input type="checkbox"/> Silver (FS 4-5) <input type="checkbox"/> Gold Short (FS 6-7) <input type="checkbox"/> Gold (FS 6-7) <input type="checkbox"/> Platinum Short (FS 8-10) <input type="checkbox"/> Platinum (FS 8-10) <input type="checkbox"/> Platinum Plus (FS 8-10)
<input type="checkbox"/> Solo Program <input type="checkbox"/> Compulsories (FS 1-10) <input type="checkbox"/> Solo Spotlight <div><input type="checkbox"/> Character <input type="checkbox"/> Dramatic <input type="checkbox"/> Light Entertainment</div> <input type="checkbox"/> Solo Dance _____ indicate specific dance <input type="checkbox"/> Solo Free Dance _____ indicate level		

PARTNER EVENTS (entry fee is NOT split, each partner pays for the event)

<input type="checkbox"/> Couples Partner Name: _____ Partner ISI #: _____ Partner Age: _____ Level (1-10) <input type="checkbox"/> Same <input type="checkbox"/> Mixed <input type="checkbox"/> Pairs Partner Name: _____ ISI # _____ Partner ISI #: _____ Partner Age: _____ Level (1-10) <input type="checkbox"/> Couples Spotlight Partner Name: _____ Partner ISI #: _____ Partner Age: _____ Low <input type="checkbox"/> Bronze <input type="checkbox"/> Silver <input type="checkbox"/> Gold <input type="checkbox"/> Platinum <input type="checkbox"/> Character <input type="checkbox"/> Dramatic <input type="checkbox"/> Lt. Ent. <input type="checkbox"/> <input type="checkbox"/> Couples Dance Partner Name: _____ Partner ISI #: _____ Partner Age: _____ Indicate Specific Dance to be Skated: _____	<input type="checkbox"/> Jump & Spin Partner Name: _____ ISI # _____ Partner Age: _____ Low <input type="checkbox"/> Bronze <input type="checkbox"/> Silver <input type="checkbox"/> Gold <input type="checkbox"/> Platinum <input type="checkbox"/> There will be NO REFUNDS. Lou & Gib Reese Ice Arena reserves the right to limit the number of Entries without notice. I skate at this competition at my own risk and hereby release the Lou & Gib Reese Ice Arena, the host facility and their officers, directors, officials and personnel from all liability. I declare that the home rink listed above 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 Lou & Gib Reese Ice Arena or any authorized party, may be used exclusively for any purpose by the Lou & Gib Reese Ice Arena and District 6/7. _____ Skater SignatureDate _____ Parent/Guardian (if applicable)Date
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FEES & PAYMENT

<input type="checkbox"/> First event \$60 x 1 = _____ <input type="checkbox"/> Family Entry \$100 x 1 = _____ (Includes one event for up to 3 family members. Please submit separate entry forms for each skater.) <input type="checkbox"/> Additional event(s) \$15 x 1 = _____ <input type="checkbox"/> Late Fee (if after March 1 st) \$25 x 1 = _____ Total Enclosed = _____	_____ Coach Name (Required)ISI # (Required) _____ Coach Email (Required)Coach Certification Level _____ Coach SignatureAttending YES/NO
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Newark, Ohio 43055

2024 Newark Shamrock and Roll Competition – TEAM FORM
Hosted by Lou & Gib Reese Ice Arena March 22-24, 2024
DUE DATE: TUESDAY, FEBRUARY 20, 2024

YOUR INFORMATION: Only current ISI Members are eligible to participate

Name of Team _____ Home ISI Member Rink/Club _____

Coach Name _____ Coach ISI # _____ Coach Certification Level _____

Coach Phone # _____ ISI Team Registration # _____

Coach E-mail (Required) _____

WE WISH TO ENTER: (Important: Use one team entry form per team, per event)

- ☐ Synchronized Formation Compulsories
- ☐ Synchronized Skating Compulsories
- ☐ Synchronized Formation Team
- ☐ Synchronized Advanced Formation Team
- ☐ Synchronized Skating Team
- ☐ Synchronized Open Skating Team
- ☐ Synchronized Dance

Age Category (choose one)

- ☐ Tot
- ☐ Junior Youth
- ☐ Youth
- ☐ Senior Youth
- ☐ Teen
- ☐ Collegiate
- ☐ Adult

- ☐ Family Spotlight
- ☐ Production Team
- ☐ Ensemble
- ☐ Pattern Team
- ☐ Kaleidoskate Team
- ☐ Team Compulsories _____ Level
- ☐ Freestyle Synchro _____ Level
- ☐ Theater Production

PLEASE ATTACH A TEAM ROSTER WITH NAMES, AGES AND ISI NUMBERS OF ALL TEAMMEMBERS

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 Lou & Gib Reese Ice Arena or District 7 or authorized party may be used exclusively for any purpose by Lou & Gib Reese Ice Arena, District 7 or any other use authorized by the Lou & Gib Reese Ice Arena or District 7. 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 the Lou & Gib Reese Ice Arena, District 7, the host facility and their officers, directors, officials, and personnel from all liability.

FEES & PAYMENT

Team Entry: Synchronized teams will have a \$45 team fee as well as a \$13/skater (i.e synchro team with 10 skaters would have \$45 team fee and \$130 skater fee for a total of \$175).

All other groups will pay \$13/skater for registration (i.e. an ensemble with 6 skaters would have a \$78 registration fee.)

of skaters _____ x \$13 = _____
Synchronized Team Fee = _____ \$45

Total Amount = _____

Coach Signature _____

Date _____

Send registration and entry fees to: Lou & Gib Reese Ice Arena, 936 Sharon Valley Rd., Newark, OH 43055