

Endorsed by:  
**THE ICE SPORTS INDUSTRY**  
**#38502790**

**2025 Newark Shamrock and Roll Competition**  
**Hosted by the Lou & Gib Reese Ice Arena March 28-30, 2025**  
**DUE DATE: TUESDAY, FEBRUARY 25, 2025**

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

**SKATER INFORMATION** Only current ISI Members are eligible to participate

Last Name	First Name	ISI #	M/F
Address		Birthdate	Age on 3/28/25
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

**INDIVIDUAL EVENTS** Highest test levels must be registered by February 25, 2025

Highest ISI Test Level _____ Tot 1-4/Pre-Alpha-Delta FS 1-10 or Bronze-Platinum <hr/> <input type="checkbox"/> Solo Program <input type="checkbox"/> Compulsories (FS 1-10) <input type="checkbox"/> Solo Spotlight <input type="checkbox"/> Character <input type="checkbox"/> Dramatic <input type="checkbox"/> Light Entertainment <input type="checkbox"/> Solo Dance _____ indicate specific dance <input type="checkbox"/> Solo Free Dance _____ indicate level	<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) <input type="checkbox"/> Ball <input type="checkbox"/> Hoop <input type="checkbox"/> Ribbon <input type="checkbox"/> Artistic (FS 1-10) <input type="checkbox"/> Special Skater Solo (1-10)	<b>ISI Open Freestyle</b> <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)
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**PARTNER EVENTS** *(entry fee is NOT split, each partner pays for the event)*

<input type="checkbox"/> <b>Couples</b> <input type="checkbox"/> Same <input type="checkbox"/> Mixed Partner Name: _____ Partner ISI #: _____ Partner Age: _____ Level (1-10)	<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"/>
<input type="checkbox"/> <b>Pairs</b> Partner Name: _____ ISI # _____ Partner ISI #: _____ Partner Age: _____ Level (1-10)	<p>There will be NO REFUNDS. Lou &amp; 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 &amp; 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 &amp; Gib Reese Ice Arena or any authorized party, may be used exclusively for any purpose by the Lou &amp; Gib Reese Ice Arena and District 6/7.</p>
<input type="checkbox"/> <b>Couples Spotlight</b> 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"/>	_____ Skater Signature <span style="float:right">Date</span>
<input type="checkbox"/> <b>Couples Dance</b> Partner Name: _____ Partner ISI #: _____ Partner Age: _____ Indicate Specific Dance to be Skated: _____	_____ Parent/Guardian (if applicable) <span style="float:right">Date</span>

**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 <sup>st</sup> )      \$25 x 1 = _____  <b>Total Enclosed = _____</b>	_____ Coach Name (Required) <span style="float:right">ISI # (Required)</span>  _____ Coach Email (Required) <span style="float:right">Coach Certification Level</span>  _____ Coach Signature <span style="float:right">Attending YES/NO</span>
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**2024 Newark Shamrock and Roll Competition – TEAM FORM**  
**Hosted by Lou & Gib Reese Ice Arena March 28-30, 2025**  
**DUE DATE: TUESDAY, FEBRUARY 25, 2025**

**YOUR INFORMATION: Only current ISI Members are eligible to participate**

Name of Team	Home ISI Member Rink/Club
Coach Name	Coach ISI #
Coach Phone #	Coach Certification Level
Coach E-mail (Required)	ISI Team Registration #

**WE WISH TO ENTER: (Important: Use one team entry 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 Advanced Formation Team <input type="checkbox"/> Synchronized Skating Team <input type="checkbox"/> Synchronized Open Skating Team <input type="checkbox"/> Synchronized Dance Age Category (choose one) <input type="checkbox"/> Tot <input type="checkbox"/> Junior Youth <input type="checkbox"/> Youth <input type="checkbox"/> Senior Youth <input type="checkbox"/> Teen <input type="checkbox"/> Collegiate <input type="checkbox"/> Adult	<input type="checkbox"/> Family Spotlight <input type="checkbox"/> Production Team <input type="checkbox"/> Ensemble <input type="checkbox"/> Pattern Team <input type="checkbox"/> Kaleidoskate Team <input type="checkbox"/> Team Compulsories _____ Level <input type="checkbox"/> Freestyle Synchro _____ Level <input type="checkbox"/> Theater Production
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**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 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 \_\_\_\_\_