



TEAM ENTRY FORM

2018 ISI Theatrical Challenge

Location: Ice Chalet • Knoxville, TN
Event Dates: October 5-7 2018 • Test & Entry Deadline: August 15, 2018
Send entry and fee to: ISI, 6000 Custer Rd, Bldg 9; Plano TX 75023
Tel: 972.735.8800 • Fax: 972.735.8815 • www.skateisi.org

YOUR INFORMATION (Please Print)

Current ISI Members of all ages are eligible to participate.

Name of Team	Home ISI Member Rink/Club		
Coach Name	Coach Professional ISI #	Coach Certification Level	
Coach Phone # (Required)	Coach Email (Required)	ISI Team Registration #	
Team Manager Name	ISI #	Phone # (Required)	Email (Required)

WE WISH TO ENTER: (Important: Use one (1) team entry form per team, per event. Please send team photo with entry.)

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> Family Spotlight | <input type="checkbox"/> Ensemble | <input type="checkbox"/> Kaleidoskate Team |
| <input type="checkbox"/> Production Team Small | <input type="checkbox"/> Pattern Team | <input type="checkbox"/> Theater Production Small |
| | | <input type="checkbox"/> Themed Production Small - "Hooray for Hollywood" |

TEAM MEMBERS: PLEASE ATTACH TEAM ROSTER WITH REQUIRED INFORMATION OR CLEARLY PRINT INFORMATION BELOW

Name	USFSA	Age	ISI #	Name	USFSA	Age	ISI #
1				13			
2				14			
3				15			
4				16			
5				17			
6				18			
7				19			
8				20			
9				21			
10				22			
11				23			
12				24			

Be sure to sign here!

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 ISI or authorized party may be used exclusively for any purpose by the ISI or any other use authorized by ISI.

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 ISI, the host facilities and their owners, officers, directors, officials and personnel from all liability.

Coach signature _____ Date _____
(Judge/Coach/Team Mgr. credential info at skateisi.org)

PAYMENT INFORMATION

Credit Card # _____	Exp. date _____
Card Security Code _____	Card Billing Zip Code _____
Cardhold (please print) _____	Authorized Signature _____

TEAM ENTRY FEES (All amounts are U.S. Dollars)

\$30 per person. (\$750 maximum per team)

Team event entry # Skaters _____ x \$30 = \$ _____

Entry total	\$ _____
ISIA Education Foundation donation (Tax deductible)	\$ _____
Processing fee	\$ 2.50 _____
Total enclosed (Make check payable to ISI)	\$ _____

IF ACCEPTED, ENTRY FEES WILL BE DOUBLED AFTER ENTRY DEADLINE! ANY CHANGES TO THIS ORIGINAL ENTRY FORM WILL RESULT IN A CHANGE FEE OF \$25 PER CHANGE/PER SKATER.

OFFICE USE ONLY

Date received _____	Initials _____
Amount _____	Check # _____

