



Levels Tot-Delta INDIVIDUAL ENTRY FORM

2016 ISI Winter Classic

Location: RDV Sportsplex Ice Den, Orlando FL
Event Dates: Feb. 12-14, 2016 • Test & Entry Deadline: Dec. 1, 2015
Send entry and fee to: Ice Skating Institute, 6000 Custer Rd, Bldg 9; Plano TX 75023
Tel: 972.735.8800 • Fax: 972.735.8815 • www.skateisi.org

2016 DISCOUNT EVENTS

Enter any individual or partner event for \$65 and enter Solo Compulsories and/or Jump & Spin for only \$15 each.

YOUR INFORMATION (Please Print)

Current ISI Members of all ages are eligible to participate.

Last Name		First Name		ISI Member #	Exp. Date	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address				Birthdate	Age on Feb. 12, 2016	
City	State/Province	Zip	Country	Phone # (Required)		
Home ISI Member Rink/Club				E-mail (Required)		

INDIVIDUAL EVENTS

Highest ISI Test Level

Tot 1 - 4/Pre-Alpha - Delta

- Solo Program
 - Solo Compulsories (Pre-Alpha - Delta)**
 - Solo Spotlight
 - Character
 - Dramatic
 - Light Entertainment
 - Themed
 - Stroking (Alpha - Delta)
- (May only enter two Solo Spotlight events with different programs)

PARTNER EVENTS

<input type="checkbox"/> Couple Spotlight Partner ISI # _____	Low (PA-DL)
Name: _____	<input type="checkbox"/>
<input type="checkbox"/> Character <input type="checkbox"/> Dramatic <input type="checkbox"/> Lt. Ent. (May only choose one)	
<input type="checkbox"/> Themed Couple Spotlight ISI # _____	Low (PA-DL)
Name: _____	<input type="checkbox"/>
<input type="checkbox"/> Jump & Spin** Partner ISI # _____	Low (PA-DL)
Name: _____	<input type="checkbox"/>

Themed Spotlight for 2016 is

"Totally Groovy 70's"

Tie Dye and Bell Bottoms are back!

For all Dance entries - please use separate Dance Entry form.

Be sure to sign here!

There will be **NO REFUNDS**. ISI 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(ies) and their owners, 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 ISI or any authorized party, may be used exclusively for any purpose by the ISI or any other use authorized by the ISI.

Skater signature _____ Date _____

Parent/guardian (if applicable) _____ Date _____

I declare that the information above is true, that this skater's test(s) is/are registered, that the skater is a current individual member of the ISI, and is skating in the proper categories and levels, and that the home rink listed above is correct.

Coach professional ISI # _____ Exp. date _____

Coach name (please print) _____ Date _____

E-mail address _____ Certification level _____

Is coach attending the event? Yes No (Judge/Coach credential info at skateisi.org)

PAYMENT INFORMATION

Credit Card # _____ Exp. date _____

Card Security Code _____ Card Billing Zip Code _____

Cardhold (please print) _____ Authorized Signature _____

FEES AND PAYMENT (all amounts are U.S. Dollars)

- | | | |
|--|------------------------|---|
| <input type="checkbox"/> First event | \$ 65 x 1 = \$ 65 | +Family entry covers 3 or more family members' first event entry; each additional entry is \$30 per person per event. |
| <input type="checkbox"/> Each additional | \$ 30 x ___ = \$ _____ | |
| <input type="checkbox"/> Family entry+ | \$170 x 1 = \$ 170 | |
| <input type="checkbox"/> **Discount events | \$ 15 x ___ = \$ _____ | |

NOTE: Memberships must be current through the event. Membership renewals may accompany this entry form. All test and memberships must be registered with ISI.

Entry total _____

\$15 membership fee enclosed _____

ISIA Education Foundation donation _____
(Tax deductible)

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 # _____

