



Individual Entry Form

The 54th Annual Robert Unger ISI Team Competition April 28-30, 2023 **Entries Due: March 21, 2023**

Return entries to: Ice Chalet
100 Lebanon St.
Knoxville TN 37919

Endorsed by the
Ice Sports Industry!

(865) 588-1858 • icechalet@chaleticerinks.com • www.chaleticerinks.com/competition.htm

Return entry form to your team coach with your entry fee.
All entries must be postmarked by **March 21, 2023**. **Sorry -- NO REFUNDS.**

COMPETITOR INFORMATION (Please print and fill out completely.)

First Name _____ Last Name _____ Date of Birth _____ Age (as of 4/28/2023) Male Female

Street Address _____ City _____ State _____ Zip Code _____

Home Rink/Team _____ ISI Membership # _____ Applying now for ISI membership. Fee included.

E-Mail Address _____ Phone Number _____

Are you an active USFS member who has competed at or above the Novice level (individual or synchronized) at any USFS National Championship within the last two years? Yes No

INDIVIDUAL EVENTS

Please indicate highest test level registered with the ISI before 03/21/2023:

Tot 1-4 / Pre-Alpha -- Delta / Freestyle 1-10 -- Open Freestyle

Highest test level registered with USFS:

- Solo Program (All levels)
 Solo Compulsories (Pre-Alpha -- FS 10)
 Solo Spotlight (All levels)
 Choose One: Character
 Dramatic
 Light Entertainment
 Solo Theme Spotlight (All levels)
 "Wild, Wild West"
 Stroking (Pre-Alpha -- FS 10)
 Footwork (Freestyle) Dance Level: _____
 Interpretive Spotlight (Freestyle 1-10)
 Artistic (Freestyle 1-10)
 Rythmic Skating: (Freestyle 1-10)
 Choose one: Ball Hoop Ribbon
 Special Skater* Level: _____ (1-10)
 Figures: Level: _____ (1-10)
 Creative Figures
 Dance Choice (One Dance)
 Dance name: _____
 Highest level passed: _____ (1-10)
 Open Freestyle
 Bronze (FS 1-3)
 Silver (FS 4-5)
 Gold (FS 6-7)
 Gold Short (FS 6-7)
 Platinum (FS 8-10)
 Platinum Short (FS 8-10)
 Platinum Plus (FS 8-10)
 Hockey: Skating
 Puck Handling and Shooting
 Other Event:* _____
 Exhibition: _____

PARTNER EVENTS (Submit separate form for Group/Team Events!)

Please note: Both partners must submit individual entry forms.

- Couple Spotlight -- Partner's Name: _____ ISI# _____
 Character Dramatic Light Entertainment (please choose one)
 Level: Low (PA-DL) Bronze (FS 1-3) Silver (FS 4-5) Gold (FS 6-7) Platinum (8-10)
 Couple Theme Spotlight - Theme: "Wild, Wild West"
 Partner: _____ ISI# _____
 Level: Low (PA-DL) Bronze (FS 1-3) Silver (FS 4-5) Gold (FS 6-7) Platinum (8-10)
 Couple Level (1-10): _____ Partner: _____ ISI# _____
 Pair Level (1-10): _____ Partner: _____ ISI# _____
 Artistic Pair Pair Level (1-10): _____ Partner: _____ ISI# _____
 Open Pair Level: Bronze Silver Gold Platinum
 Partner: _____ ISI# _____
 Jump & Spin Partner's Name: _____ ISI# _____
 Level: Low (PA-DL) Bronze (FS 1-3) Silver (FS 4-5) Gold (FS 6-7) Platinum (8-10)
 Mixed Dance*** Partner: .. _____ ISI# _____
 Similar Dance*** Partner: _____ ISI# _____
 Free Dance*** Partner: _____ ISI# _____
 Pro Partner Dance*** Partner: _____ ISI# _____
 ***Chosen Dance: _____
 Other Event:* _____ Partner: _____
 Exhibition: _____ Partner: _____

FEES AND PAYMENT

Team coaches should send one check payable to the Ice Chalet for all entries.

Single entry (Includes 1 individual or partner event): \$ 55.00 _____
or...
 Family entry (includes 1 event per family member): \$ 95.00 _____
 Each additional individual or partner event ___ events @ \$ 20.00 _____
 ISI Membership Fee (If not already a member) \$ 15.00 _____
 Late entry fee* \$ 50.00 _____
 *Late entries postmarked after 3/21/2023
 must be approved by Competition Director. **Total entry fee (NO REFUNDS)** _____

I skate at this competition at my own risk and hereby release Ice Chalet - Knoxville, its owners and personnel from all liability. I agree that any photos or video taken of me by ISI or any authorized party may be used by the Ice Chalet for promotional or other reasonable purposes.

Coach's Name _____
 Attending the event?
 Yes No
 Professional ISI # _____

Signature of Skater _____ Date _____
 Signature of Parent or Guardian (if applicable) _____ Date _____

* Please contact the Competition Director regarding criteria for these events. We are open to accommodations!